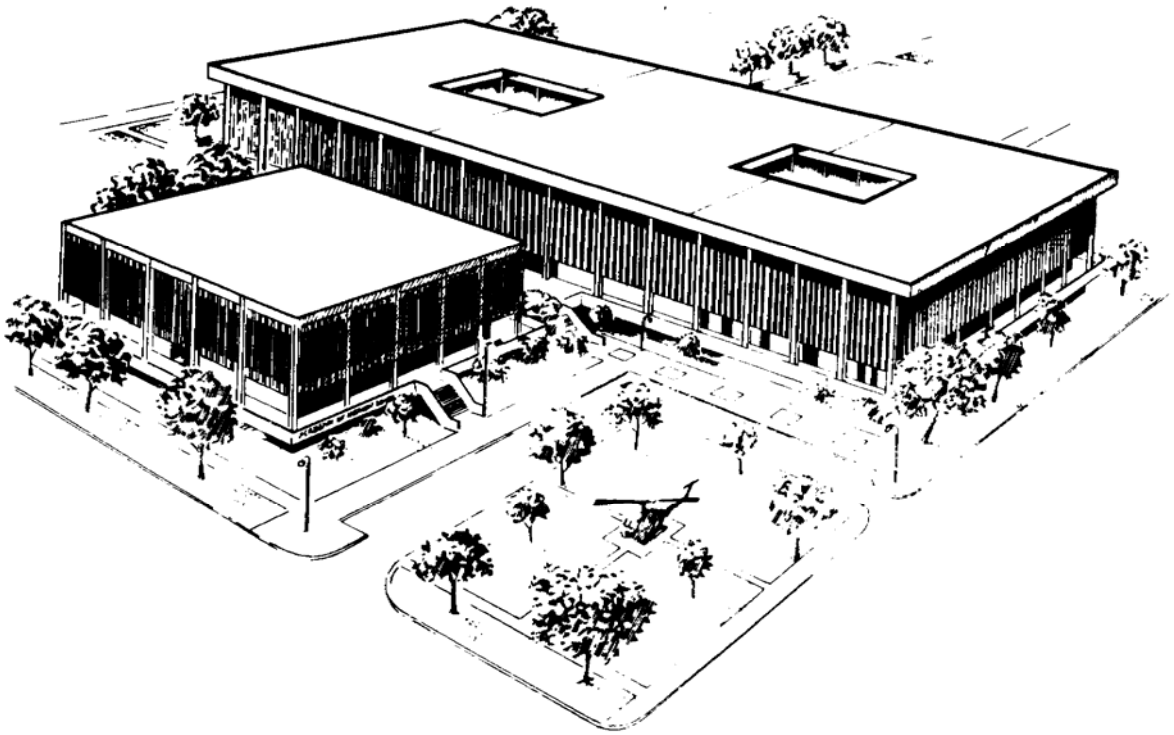
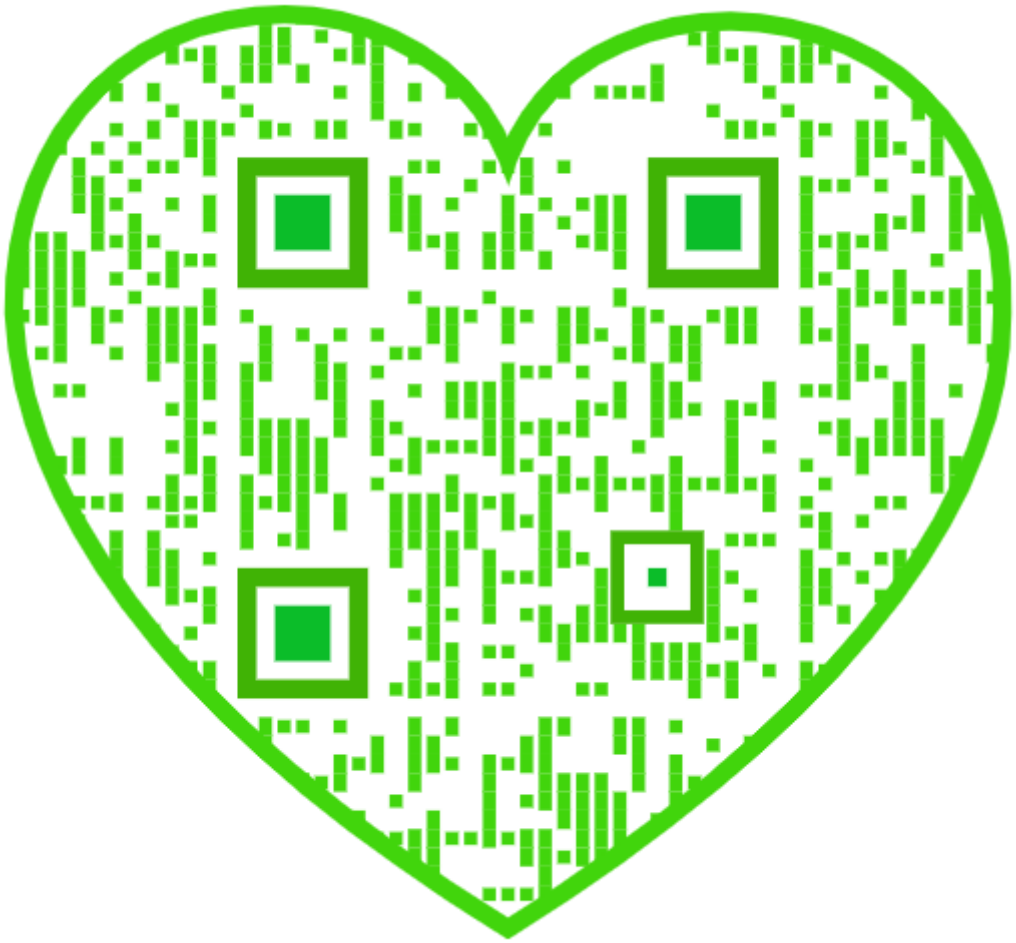
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
FORT SAM HOUSTON, TEXAS 78234-6100



PRESCRIPTION INTERPRETATION

SUBCOURSE MD0801 EDITION 200



DEVELOPMENT

This subcourse is approved for resident and correspondence course instruction. It reflects the current thought of the Academy of Health Sciences and conforms to printed Department of the Army doctrine as closely as currently possible. Development and progress render such doctrine continuously subject to change.

ADMINISTRATION

For comments or questions regarding enrollment, student records, or shipments, contact the Nonresident Instruction Section at DSN 471-5877, commercial (210) 221-5877, toll-free 1-800-344-2380; fax: 210-221-4012 or DSN 471-4012, e-mail accp@amedd.army.mil, or write to:

COMMANDER
AMEDDC&S
ATTN MCCS HSN
2105 11TH STREET SUITE 4192
FORT SAM HOUSTON TX 78234-5064

Approved students whose enrollments remain in good standing may apply to the Nonresident Instruction Section for subsequent courses by telephone, letter, or e-mail.

Be sure your social security number is on all correspondence sent to the Academy of Health Sciences.

CLARIFICATION OF TRAINING LITERATURE TERMINOLOGY

When used in this publication, words such as "he," "him," "his," and "men" are intended to include both the masculine and feminine genders, unless specifically stated otherwise or when obvious in context.

USE OF PROPRIETARY NAMES

The initial letters of the names of some products are capitalized in this subcourse. Such names are proprietary names, that is, brand names or trademarks. Proprietary names have been used in this subcourse only to make it a more effective learning aid. The use of any name, proprietary or otherwise, should not be interpreted as an endorsement, deprecation, or criticism of a product; nor should such use be considered to interpret the validity of proprietary rights in a name, whether it is registered or not.

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CORRESPONDENCE COURSE OF
THE U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

SUBCOURSE MD0801

PRESCRIPTION INTERPRETATION

INTRODUCTION

The prescription is a vital link between the physician and pharmacy personnel. The prescription states the drug and the dose of that drug the patient must receive. If the prescription is not properly interpreted, the patient could suffer injury or death. Therefore, it is necessary for you to understand the different parts of a prescription and the terminology associated with the prescription.

Prescription Interpretation is the first subcourse in the Pharmacy Specialist Program. The skills and knowledge you gain from reviewing/studying the material in this subcourse will serve you as you complete other subcourses and as you work on the job.

Subcourse Components:

This subcourse consists of 1 lesson and an examination. The lesson is:

Interpretation of a Prescription Form.

Here are some suggestions that may be helpful to you in completing this subcourse:

--Read and study each lesson carefully.

--Complete the subcourse lesson by lesson. After completing each lesson, work the exercises at the end of the lesson

--After completing each set of lesson exercises, compare your answers with those on the solution sheet that follows the exercises. If you have answered an exercise incorrectly, check the reference cited after the answer on the solution sheet to determine why your response was not the correct one.

Credit Awarded:

Upon successful completion of the examination for this subcourse, you will be awarded 3 credit hours.

To receive credit hours, you must be officially enrolled and complete an examination furnished by the Nonresident Instruction Section at Fort Sam Houston, Texas.

You can enroll by going to the web site http://atrrs.army.mil and enrolling under "Self Development" (School Code 555).

IMPORTANT NOTE:

THE DESIGN OF THE SUBCOURSE

This subcourse is composed of four parts. Part one consists of a pretest that gives you the opportunity to identify your specific learning needs in relation to prescription interpretation. Depending upon how you perform on the pretest, you can proceed to one of the three remaining parts of the subcourse. These parts are written in the programmed text format. Part two discusses the prescription blank (DD Form 1289) in detail. Part three presents the language of the prescription: pharmaceutical Latin. Part four provides you with the opportunity to practice your prescription interpretation skills.

Again, parts two, three, and four of this subcourse are written in programmed text format. This means that you will be expected to read some information and then answer a question that immediately follows that information. These questions may seem very easy to some of you because of your pharmacy experience. Remember, if you need to study/review an area, you should read the information section, answer the question under the section, and check your answer with the supplied answer. If you discover that you have made an error in answering a question, read the information preceding it again to locate the correct answer to the question. Then, go the next segment of information.

PRETEST INSTRUCTIONS

I. COMMENTS: We all want to use our time wisely. As you know, studying material you already know is not always exciting or helpful. That's the way it is with prescription interpretation. If you already know how to interpret a prescription, why spend your valuable time studying that area? This pretest is designed to help you to identify the topics (if any) you need to review/study before you go to the examination of this subcourse.

You will be the only person to know how you performed on this pretest. Your performance on the pretest will in no way be part of your score on the examination for this subcourse.

Do your best on the pretest. How well you perform on the pretest will determine how much of the subcourse you will need to study/review before you go to the final examination.

II. DIRECTIONS: Please follow the directions as closely as possible. The pay-off for you will be the wise use of your time.

STEP 1. Carefully read the directions for the pretest.

STEP 2. Get prepared to take the pretest. You will need a pencil or a pen, the pretest (pages 1-6), and a quiet place to take the pretest. (NOTE: Relax, a cup of coffee or a cool drink might help you get in a proper frame of mind.)

STEP 3. Complete the pretest. Carefully read the question and each possible response to that question. Circle the letter which corresponds to the answer you choose. Take as long as you need to complete the test. Remember: The pretest is designed to measure what you know, not how quickly you can answer the questions.

STEP 4. Review your work. Make sure you have circled the letters corresponding to the answers you selected.

STEP 5. Check your responses with the answer key (page 7) and mark each of your responses as either correct or incorrect.

STEP 6. Complete the Pretest Feedback Sheet. Read the instructions on that sheet to determine how to complete the form.

STEP 7. Follow the directions on the Pretest Feedback Sheet. You may be instructed to review/study all the subcourse or you may be told to go directly to certain parts of the subcourse in order to begin your study efforts.

PRETEST

1. From the forms below, select the approved one-item prescription form used at Army medical treatment facilities.

   a. DA Form 1289.
   b. DD Form 1289.
   c. DA Form 3849.
   d. DA Form 40-2.

In Questions 2 through 13, select the meaning of the presented Latin term or abbreviation.

2. b.i.d.

   a. Every 6 hours.
   b. Every 24 hours.
   c. Twice daily.
   d. Three times daily.

3. a.c.

   a. Before meals.
   b. After meals.
   c. Without food.
   d. Without sleep.

4. gr.

   a. Gram.
   b. Grain.
   c. Grated.
   d. Grease.

5. gtt.

   a. Grated.
   b. Drop.
   c. Grain.
   d. Gram.

6. c̄

   a. With meals.
   b. And.
   c. With.
   d. Without.

7. a̿a̿

   a. Before meals.
   b. Of each.
   c. Freely, at pleasure.
   d. After meals.

8. cap

   a. Covering.
   b. Capsule.
   c. Dispense in a capped container.
   d. Protect from the atmosphere.

9. h.s.

   a. At bedtime.
   b. Before meals.
   c. After meals.
   d. After the prescribed manner.

10. N.R.

    a. No rum (or other alcoholic beverage) is to be taken with the drug.
    b. No refills.
    c. No record is to be released.
    d. No food at bedtime.

11. O.D.

    a. Overdose.
    b. Right eye.
    c. Excessive dosage.
    d. One half.

12. q.i.d.

    a. Every four hours.
    b. Every three hours.
    c. Every other day.
    d. Four times a day.

13. $\overline{ss}$

    a. Without.
    b. With.
    c. A sufficient quantity.
    d. One half.

In Questions 14 through 18, select the appropriate action verb to be used for the given dosage form.

14. Ointment (for application to the skin)

    a. Take.
    b. Instill.
    c. Insert.
    d. Apply.

15. Emulsion (Internal)

    a. Take.
    b. Instill.
    c. Insert.
    d. Apply.

16. A liquid eye preparation

    a. Take.
    b. Instill or place.
    c. Insert.
    d. Apply.

17. Suppository

    a. Insert.
    b. Instill.
    c. Take.
    d. Apply.

18. Tablet

    a. Take.
    b. Instill.
    c. Insert.
    d. Apply.

In Questions 19 through 23, a signa is shown which might appear on a prescription. From the list of choices immediately under the signa, select the best translation of the signa.

19. Tabs i po q.i.d.

    a. Take 1 tablet three times a day.
    b. Take 1 tablet four times a day.
    c. Take 1 tablet as directed.
    d. Take 1 tablet every 8 hours.

20. i suppository in rectum q 4 h.

    a. Instill one suppository every four days.
    b. Insert one suppository in the rectum every four hours.
    c. Insert one suppository in the rectum four times daily.
    d. Insert one suppository in the rectum every eight hours.

21. gtt ii p.o. q.d.

    a. Instill two drops in the mouth four times daily.
    b. Take two drops by mouth four times daily.
    c. Take two drops by mouth every day.
    d. Take two drops by mouth every other day.

22. gtt iii O.D. g 3 h.

    a. Instill three drops in the right ear three times daily.
    b. Instill three drops in the left ear every three hours.
    c. Instill three drops in the right eye every three hours.
    d. Instill three drops in the eyes as directed.

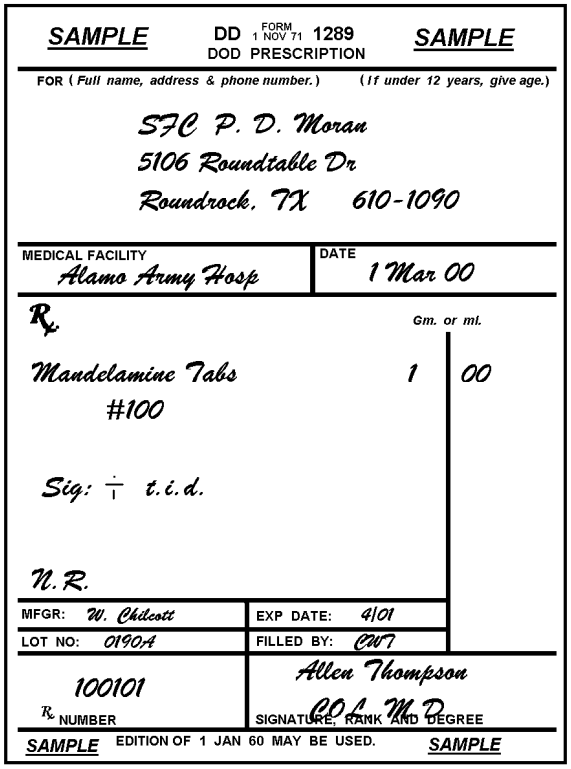
23. 1 teaspoonful q.i.d. po p.c. et h.s.

a. Take one teaspoonful every six hours before meals and at bedtime.
b. Take one teaspoonful four times daily by mouth at bedtime.
c. Take one teaspoonful four times daily after meals with juice.
d. Take one teaspoonful four times daily after meals and at bedtime.

<u>In Questions 24 and 25, refer to their respective prescriptions in order to answer the questions.</u>

24. Prescription 100101 is written for Mandelamine tablets.

Select the strength (amount of drug per tablet) of Mandelamine tablets which is to be used to fill this prescription.



SAMPLE — DD FORM 1 NOV 71 1289 — DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC P. D. Moran
5106 Roundtable Dr
Roundrock, TX 610-1090

MEDICAL FACILITY: Alamo Army Hosp
DATE: 1 Mar 00

℞

Gm. or ml.

Mandelamine Tabs #100 — 1 — 00

Sig: 1 t.i.d.

N.R.

MFGR: W. Chilcott
EXP DATE: 4/01
LOT NO: 0190A
FILLED BY: CWT

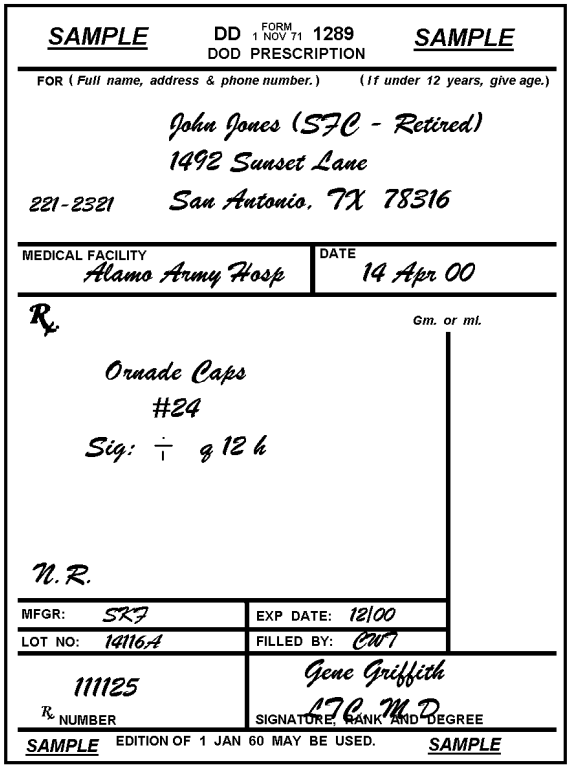
100101
℞ NUMBER

Allen Thompson
COL MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

a. 1.0 milligrams.
b. 100.0 milligrams.
c. 1.0 gram.
d. 100 grams.

25. The prescription below is written for Ornade™ capsules.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

John Jones (SFC - Retired)
1492 Sunset Lane
221-2321 San Antonio, TX 78316

MEDICAL FACILITY: Alamo Army Hosp
DATE: 14 Apr 00

℞ Gm. or ml.

Ornade Caps
#24
Sig: 1 tab q 12 h

N.R.

MFGR: SKF
EXP DATE: 12/00
LOT NO: 14116A
FILLED BY: CWT

111125
℞ NUMBER

Gene Griffith
MAJ, MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Select the number of Ornade™ capsules which are to be dispensed to John Jones.

a. 1 capsule.
b. 12 capsules.
c. 24 capsules.
d. No specific number of capsules to be dispensed is stated. Call the physician before filling the prescription.

Check Your Answers on Next Page

SOLUTIONS TO PRETEST

Following are the letters corresponding to the answers for the pretest you have just taken. Carefully check your pretest. Remember, each question on the pretest has a point value of 4.

1. b. DD Form 1289.
2. c. Twice daily.
3. a. Before meals.
4. b. Grain.
5. b. Drop.
6. c. With
7. b. Of each.
8. b. Capsule.
9. a. At bedtime.
10. b. No refills.
11. b. Right eye.
12. d. Four times a day.
13. d. One-half.
14. d. Apply.
15. a. Take.
16. b. Instill or place.
17. a. Insert.
18. a. Take.
19. b. Take 1 tablet four times a day.
20. b. Insert one suppository in the rectum every four hours.

21. c. Take two drops by mouth every day.

22. c. Instill three drops in the right eye every three hours.

23. d. Take one teaspoonful four times daily after meals and at bedtime.

24. c. 1.0 gram.

25. c. 24 capsules.

PRETEST FEEDBACK

This Pretest Feedback is designed to give you information which will help you in your study/review efforts. You have just completed the pretest. By this time you should have also self-graded the pretest. Now place a check (√) next to the pretest questions you incorrectly answered. Each question has a value of 4 points.

TOPIC AREA	QUESTION NUMBER	SUBCOURSE PAGES TO REVIEW
General Information	1	1-3--1-25
Latin Terms and/or Abbreviations	2 3 4 5 6 7 8 9 10 11 12 13	1-26--1-36
Signa Interpretations	14 15 16 17 18 19 20 21 22 23	1-37--1-76
Prescription Interpretation	24 25	1-53--1-76

Determine the percentage score you have earned by subtracting 4 points for each question you incorrectly answered from 100. If you scored 96% or higher on the pretest, you can go directly to the final examination (unless, of course, you wish to review parts of the subcourse). If you scored less than 96% on the pretest, you should read/study the identified pages in the subcourse

LESSON ASSIGNMENT

LESSON Interpretation of a Prescription Form.

TEXT ASSIGNMENT The programmed text.

LESSON OBJECTIVES After completing this lesson, you should be able to:

1-1. Given several form numbers, select the number of the form used as the approved one-item prescription form at all Army medical treatment facilities.

1-2. Given several form numbers, select the number ofthe form used as the approved multiple-item prescription form at all Army medical treatment facilities.

1-3. Given a group of statements, select the statement which best describes the purpose of the metric line on DD Form 1289.

1-4. Given a Latin term or abbreviation which may appear on a prescription and a list of meanings, select the meaning of that term or abbreviation.

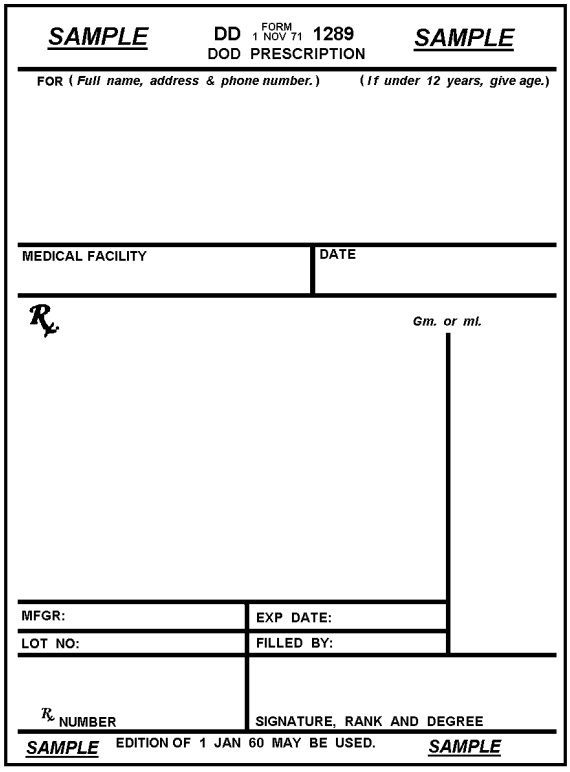
1-5. Given a signa from a prescription form and a group of statements, select the statement which is the best translation of that signa.

1-6. Given a completed one-item prescription form (DD Form 1289) and a list of alternative responses, select the following information: the name of the patient, the address of the patient, the name and or/strength of the prescribed medication, the amount of drug required to compound the product, the quantity of medication to be dispensed to the patient, the directions to the patient, refill information, and/or the name and rank of the prescriber.

LESSON 1

Section I. THE PRESCRIPTION FORM (ONE ITEM AND MULTIPLE-ITEM).

The One-Item Prescription (DD Form 1289)



SAMPLE DD FORM 1 NOV 71 1289 SAMPLE
DOD PRESCRIPTION
FOR (Full name, address & phone number.) (If under 12 years, give age.)
MEDICAL FACILITY
DATE
℞
Gm. or ml.
MFGR:
EXP DATE:
LOT NO:
FILLED BY:
℞ NUMBER
SIGNATURE, RANK AND DEGREE
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

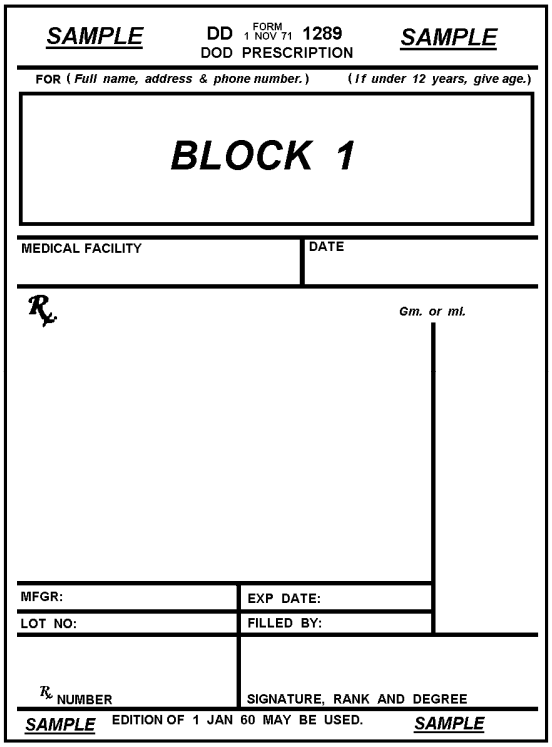
DD Form 1289 (Department of Defense Prescription) is the approved one-item form used at Army medical treatment facilities.

****

Question: The approved one-item prescription form used at Army medical treatment facilities is DD Form _____.

Answer: The approved one-item prescription form used at Army medical treatment facilities is DD Form 1289.

****


SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (*Full name, address & phone number.*) (*If under 12 years, give age.*)

BLOCK 1

MEDICAL FACILITY | DATE

℞ *Gm. or ml.*

MFGR: | EXP DATE:

LOT NO: | FILLED BY:

℞ NUMBER | SIGNATURE, RANK AND DEGREE

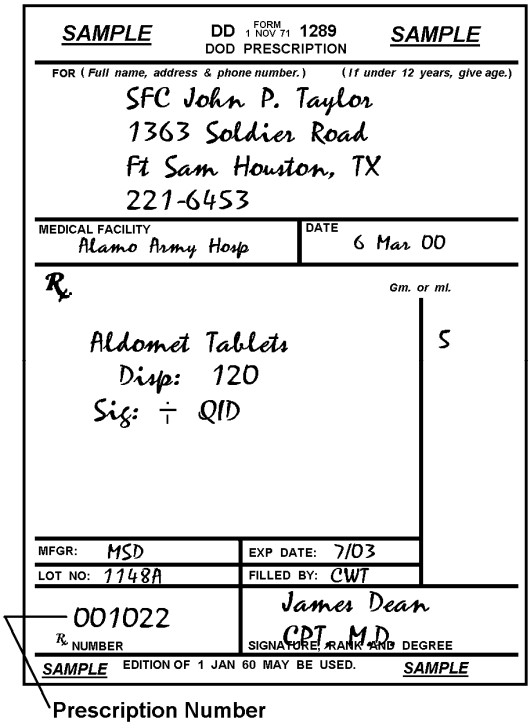
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

There are eight major parts to each prescription. The first of these parts, Block 1, contains the information which identifies the patient. It will have the full name and address or telephone number of the patient. On prescriptions for children twelve years of age and under, AR 40-3 recommends that the child's age be written on the form.

****

Question: Patient information found in Block 1 above includes the patient's _____ and address or _____.

Answer: Patient information found in Block 1 above includes the patient's name and address or telephone number.


SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

001022
℞ NUMBER

James Dean
CPT, M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

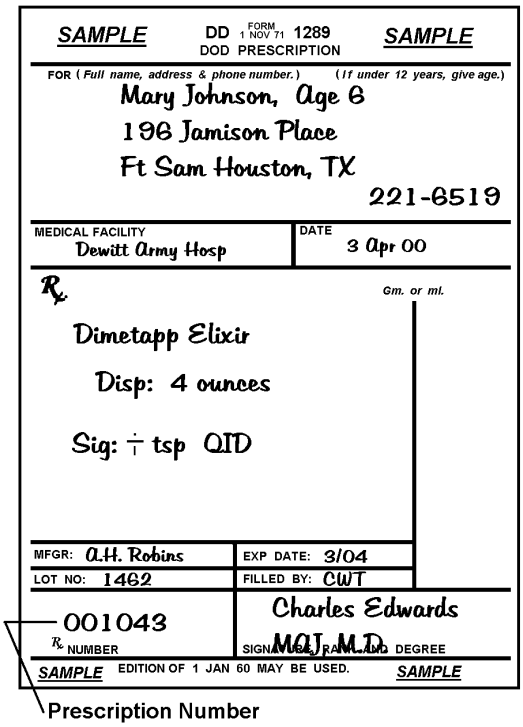
Prescription Number

Prescription 1022 is to be dispensed to _____.

****

Prescription No. 1022 is to be dispensed to SFC John P. Taylor.

****


SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

001043
℞ NUMBER

Charles Edwards
MAJ, M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

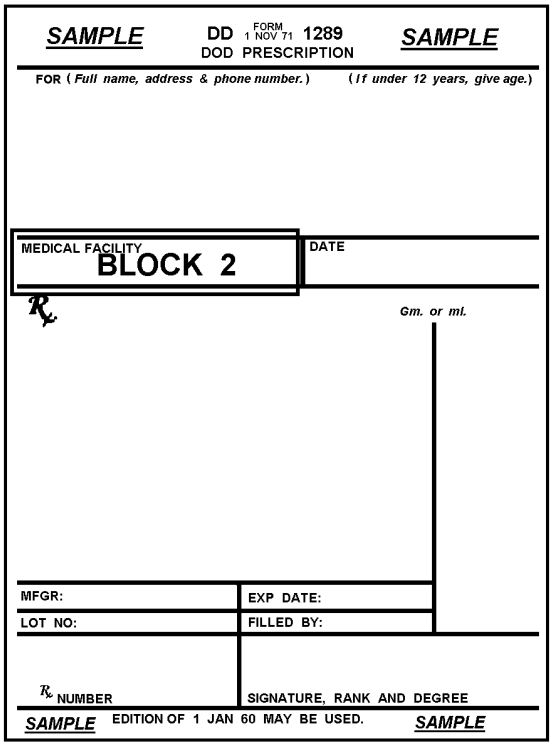
Prescription Number

Prescription No. 1043 is to be dispensed to _____.

****

Prescription No. 1043 is to be dispensed to Mary Johnson.

****


SAMPLE
DD FORM 1 NOV 71 1289
DOD PRESCRIPTION
SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)
MEDICAL FACILITY
BLOCK 2
DATE
℞
Gm. or ml.
MFGR:
EXP DATE:
LOT NO:
FILLED BY:
℞ NUMBER
SIGNATURE, RANK AND DEGREE
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The second part of the prescription form, Block 2, identifies the medical facility where the prescription was written. It may also contain the name of the clinic or department at that facility.

****

Question: Block 2 identifies the _____ where the prescription was written.

Answer: Block 2 identifies the medical facility where the prescription was written.

****

SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

℞ NUMBER: 001022
SIGNATURE, RANK AND DEGREE: James Dean CPT, M.D.

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1022 was written at _____ _____ _____.

****

Prescription No. 1022 was written at Alamo Army Hospital.

****

SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
198 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

℞ NUMBER: 001043
SIGNATURE, RANK AND DEGREE: Charles Edwards MAJ, M.D.

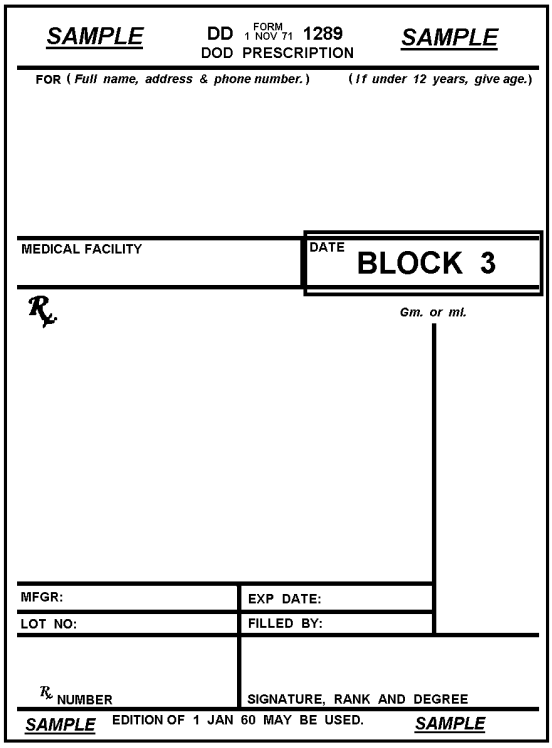
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1043 was written at _____ _____ _____.

****

Prescription No. 1043 was written at DeWitt Army Hospital.

****



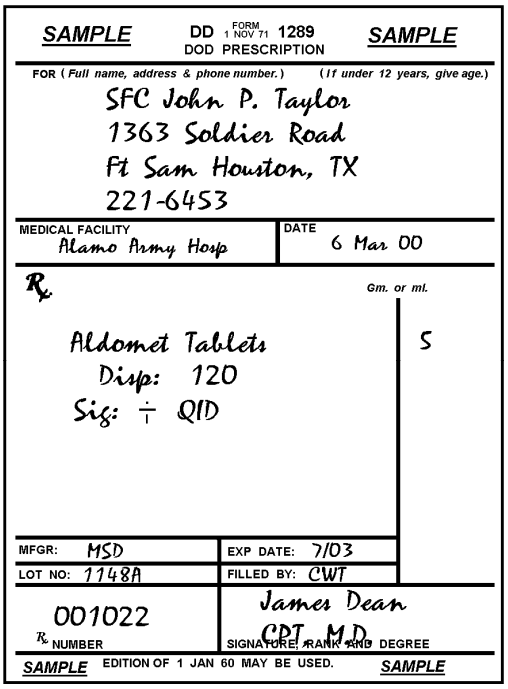
Prescriptions shall be dated as of the day they are written. This information is found in Block 3.

****

Question: Block 3 tells what _____ the prescription was written.

Answer: Block 3 tells what <u>date</u> the prescription was written.

****



SAMPLE — DD FORM 1 NOV 71 1289 — DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets — 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

001022
℞ NUMBER

James Dean
CPT, M.D.
SIGNATURE, RANK AND DEGREE

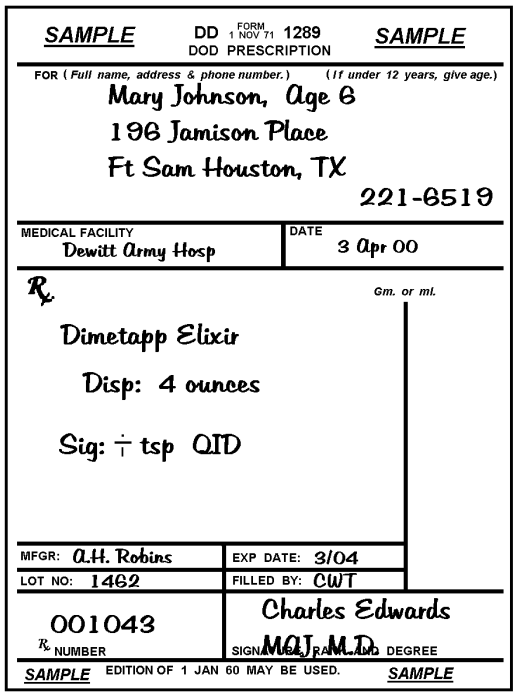
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1022 was written on _____.

****

Prescription 1022 was written on <u>6 March 2000</u>.

****



SAMPLE — DD FORM 1 NOV 71 1289 — DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

001043
℞ NUMBER

Charles Edwards
MAJ, M.D.
SIGNATURE, RANK AND DEGREE

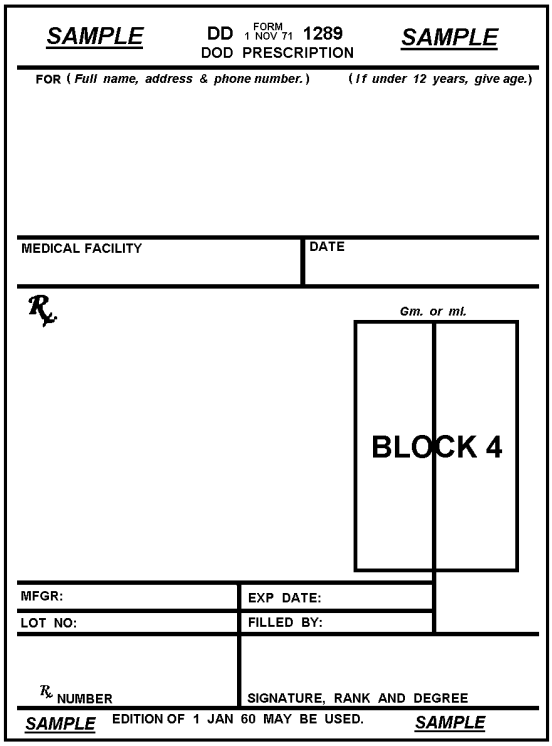
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1043 was written on _____.

****

Prescription 1043 was written on <u>3 April 2000</u>.

****



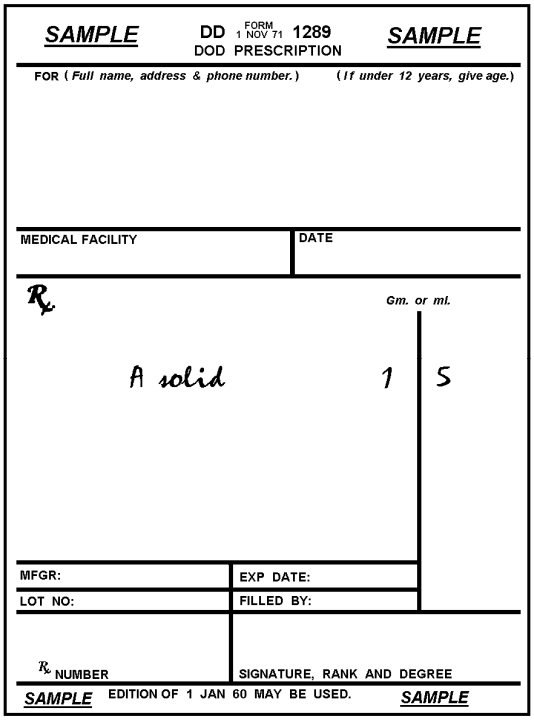
An important part of the prescription consists of one line, as shown in Block 4. This is the metric line. It serves as a decimal point when quantities or strengths are prescribed using the metric system. If the drug or chemical is a solid, the unit of weight specified by the metric line will be grams. If it is a liquid, the unit of measure will be milliliters.

****

Question: The metric line serves as a _____ when quantities or strengths are prescribed using the metric system.

Answer: The metric line serves as a <u>decimal point</u> when quantities or strengths are prescribed using the metric system.

****

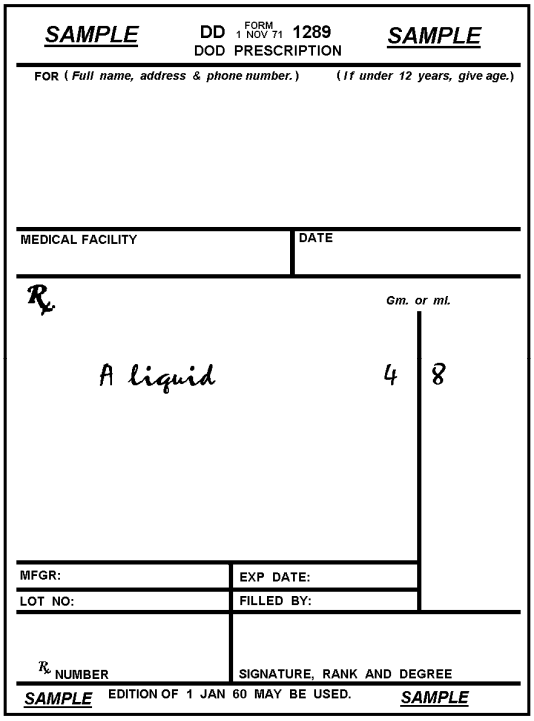

SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)
MEDICAL FACILITY | DATE
℞ Gm. or ml.
A solid 1 5
MFGR: | EXP DATE:
LOT NO: | FILLED BY:
℞ NUMBER | SIGNATURE, RANK AND DEGREE
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The prescription calls for _____ of a solid.

****

This prescription calls for <u>1.5 grams</u> of a solid.

****


SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE
FOR (Full name, address & phone number.) (If under 12 years, give age.)
MEDICAL FACILITY | DATE
℞ Gm. or ml.
A liquid 4 8
MFGR: | EXP DATE:
LOT NO: | FILLED BY:
℞ NUMBER | SIGNATURE, RANK AND DEGREE
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This prescription calls for _____ of a liquid.

****

This prescription calls for <u>4.8 milliliters</u> of a liquid.

****

SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

CPT Robert Wallace
1025 Barrington
Ft Sam Houston, TX
221-6304

MEDICAL FACILITY: Alamo Army Hosp
DATE: 4 March 2000

℞ Gm. or ml.

Menthol crystals	10	0
Ethyl alcohol	80	0
Dist. H_2O q.s.a.d.	120	0

MFGR: EXP DATE:
LOT NO: FILLED BY:

Harold Jones
MAJ, M.D.

℞ NUMBER SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

How much of each ingredient is called for in this prescription? (specify units)

Menthol crystals _____
Ethyl Alcohol _____
Distilled Water _____

****

Menthol crystals 10 grams (a solid)
Ethyl Alcohol 80 milliliters (a liquid)
Distilled Water q.s.a.d. 120 milliliters (a liquid)

****

SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Alice Jones
632 Funston Place
Ft Sam Houston, TX
222-3010

MEDICAL FACILITY: Alamo Army Hospital
DATE: 30 April 00

℞ Gm. or ml.

Sulfur	12	0
Zinc Oxide	12	0
Talc	12	0
Lotion base q.s.	120	0

MFGR: EXP DATE:
LOT NO: FILLED BY:

Howard Maize
MAJ, M.D.

℞ NUMBER SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

How much of each ingredient is called for in this prescription? (specify units)

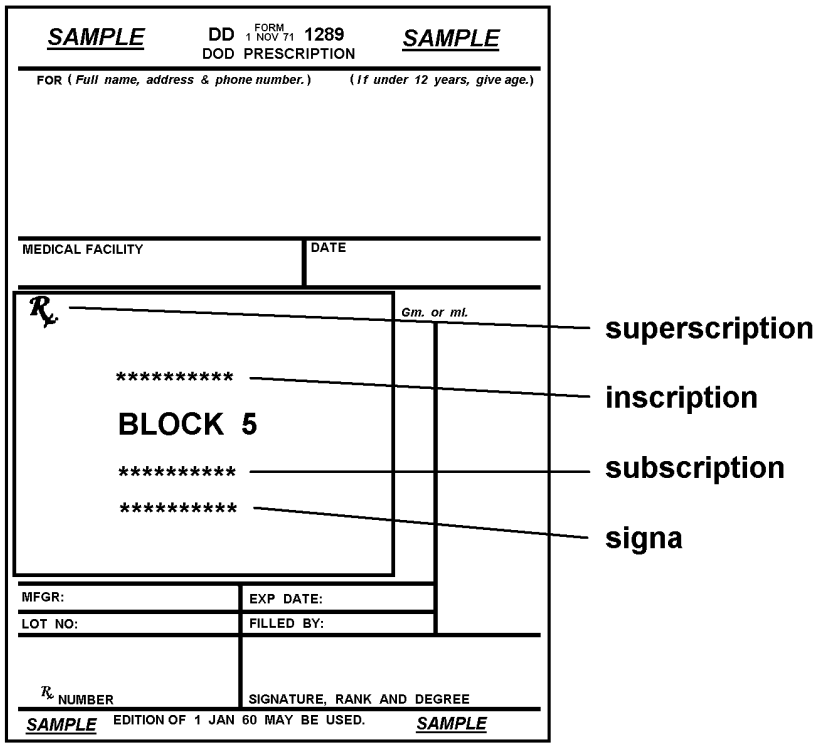
Sulfur _____
Zinc Oxide_____
Talc _____
Lotion Base _____

****

Sulfur 12 grams (a solid)
Zinc Oxide 12 grams (a solid)
Talc 12 grams (a solid)
Lotion Base q.s.120 milliliters (a liquid)

****

The largest part of the prescription, Block 5, is divided into four sub-parts: the superscription, inscription, subscription, and the signa. Together they form the body of the prescription.

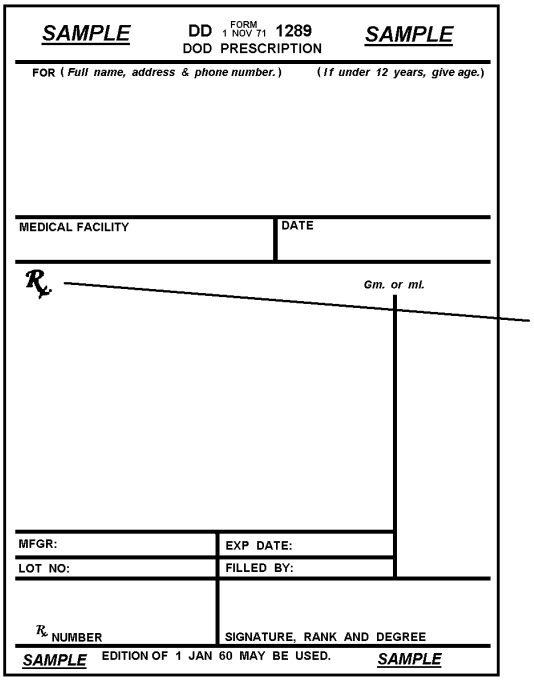


****

Question: The superscription, inscription, subscription, and signa are parts of the _____ of the prescription.

Answer: The superscription, inscription, subscription, and signa are parts of the body of the prescription.

****


SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (*Full name, address & phone number.*) (*If under 12 years, give age.*)

MEDICAL FACILITY

DATE

R_x

Gm. or ml.

MFGR:

EXP DATE:

LOT NO:

FILLED BY:

R_x NUMBER

SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

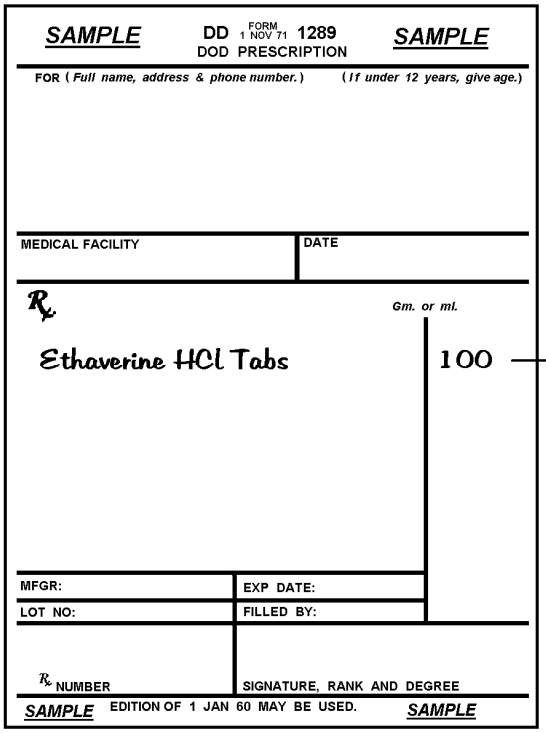
The superscription is simply the R_x symbol. This symbol represents recipe or take thou, informing pharmacy personnel to dispense the medication listed.

****

Question: The superscription (R_x symbol) represents _____ or _____.

Answer: The superscription (R_x symbol) represents recipe or take thou.

****



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (*Full name, address & phone number.*) (*If under 12 years, give age.*)

MEDICAL FACILITY | DATE

℞ Gm. or ml.

Ethaverine HCl Tabs 100

MFGR: | EXP DATE:

LOT NO: | FILLED BY:

℞ NUMBER | SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

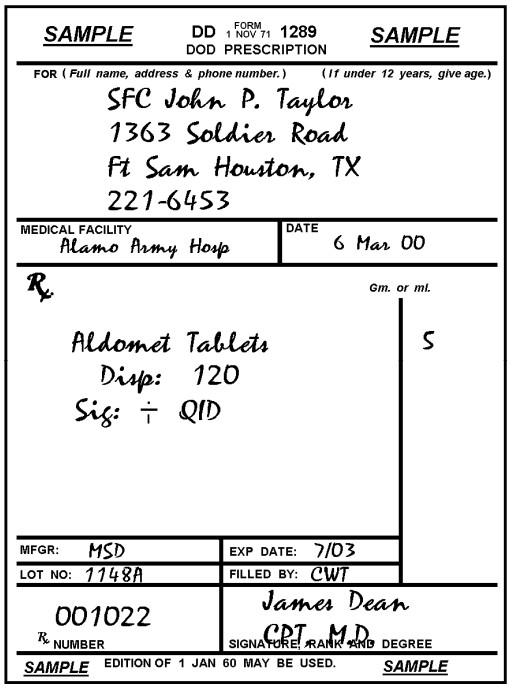
The inscription lists the drug (or ingredient) name and strength.

****

Question: The inscription lists the drug name and _____.

Answer: The inscription lists the drug name and strength.

****



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets — 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

001022
℞ NUMBER

James Dean
CPT, M.D.
SIGNATURE, RANK AND DEGREE

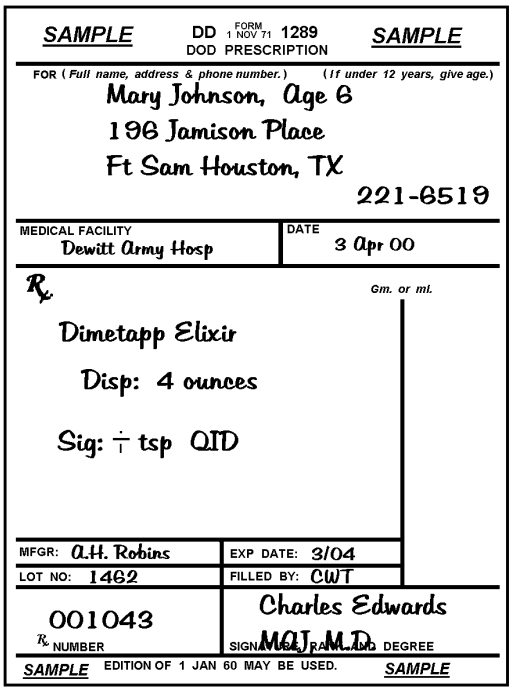
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The inscription of prescription 1022 calls for _____.

****

The inscription of prescription 1022 calls for Aldomet tablets, 0.5 gram.

****



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

001043
℞ NUMBER

Charles Edwards
MAJ, M.D.
SIGNATURE, RANK AND DEGREE

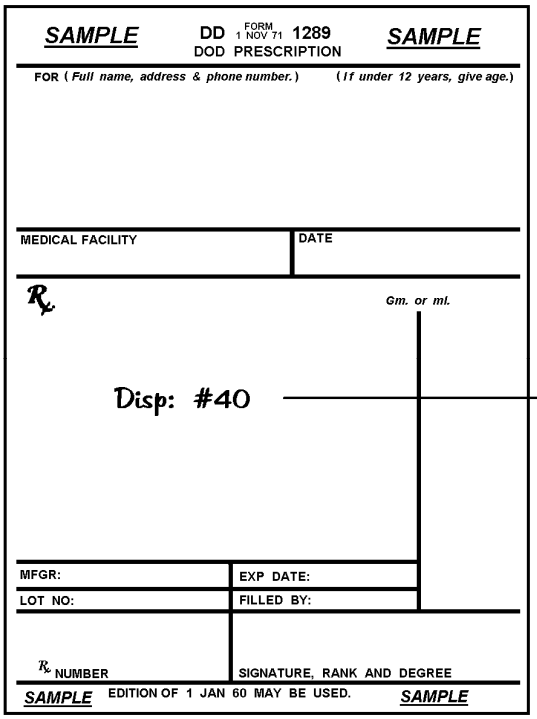
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The inscription of prescription 1043 calls for _____.

****

The inscription of prescription 1043 calls for Dimetapp Elixir.

****



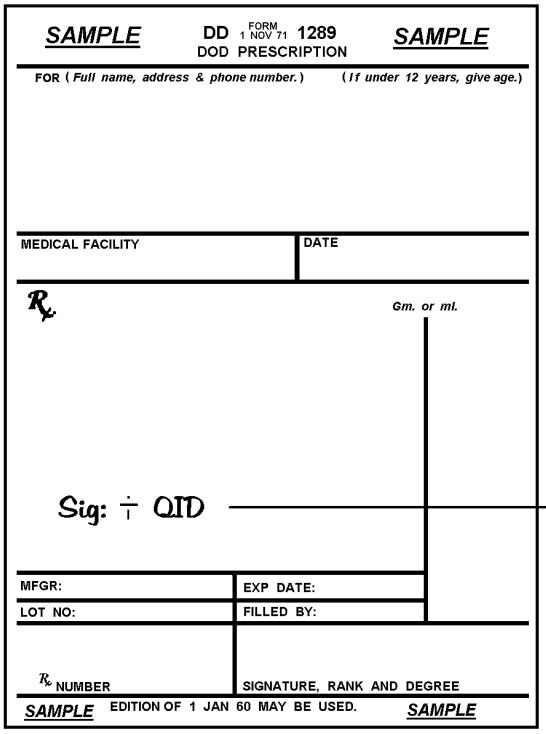
The subscription contains the instructions to pharmacy personnel. It tells what is to be done with the drug or ingredients, such as "make an emulsion" or "dispense a certain quantity." For any information not included on the prescription, the physician must be contacted.

****

Question: The subscription contains the instructions to _____.

Answer: The subscription contains the instructions to pharmacy personnel.

****


SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (if under 12 years, give age.)

MEDICAL FACILITY

DATE

℞

Gm. or ml.

Sig: ÷ QID

MFGR:

EXP DATE:

LOT NO:

FILLED BY:

℞ NUMBER

SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The last sub-part of the body of the prescription is the signa. It contains the directions to the patient. It might tell the patient to "take two tablets daily" or "instill three drops in each ear at bedtime." Very often, these written in pharmaceutical Latin words or abbreviations which pharmacy personnel must interpret for the patient.

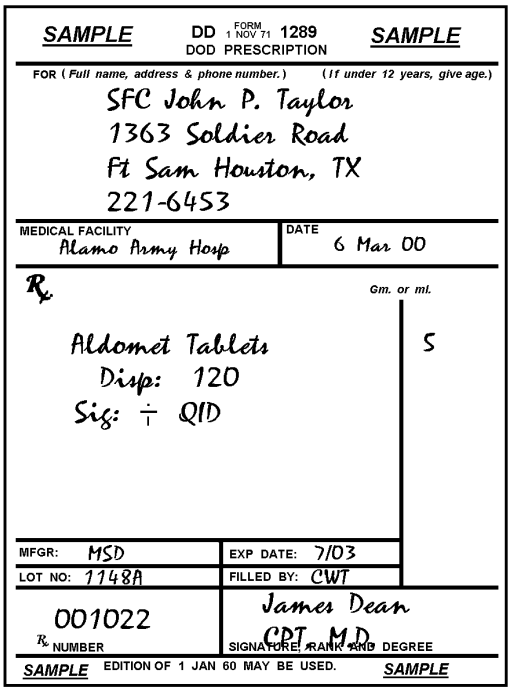
A complete translated signa for a patient must have these five (5) components: Action verb, quantity, dosage form, route of administration, and frequency.

****

Question: The signa contains directions to the _____.

Answer: The signa contains directions to the patient.

****



SAMPLE — DD FORM 1 NOV 71 1289 DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets — 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

001022
℞ NUMBER

James Dean
CPT, M.D.
SIGNATURE, RANK AND DEGREE

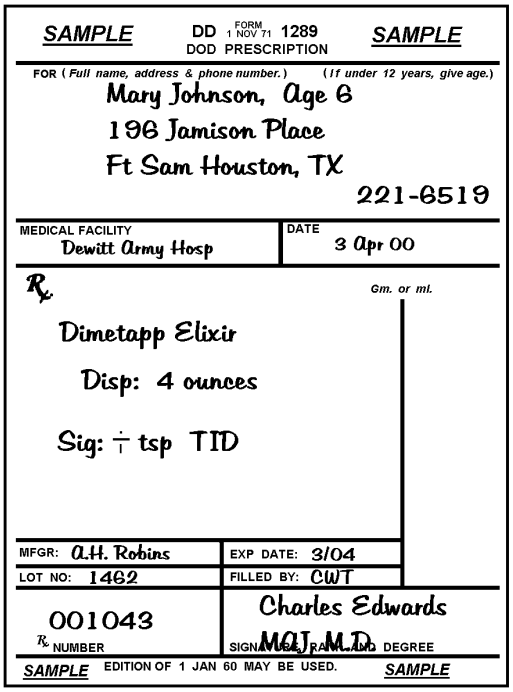
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The signa of prescription 1022 is as follows: _____.

****

The signa of prescription 1022 is as follows: 1 QID. (This means "Take 1 tablet by mouth 4 times daily.")

****



SAMPLE — DD FORM 1 NOV 71 1289 DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp TID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

001043
℞ NUMBER

Charles Edwards
MAJ, M.D.
SIGNATURE, RANK AND DEGREE

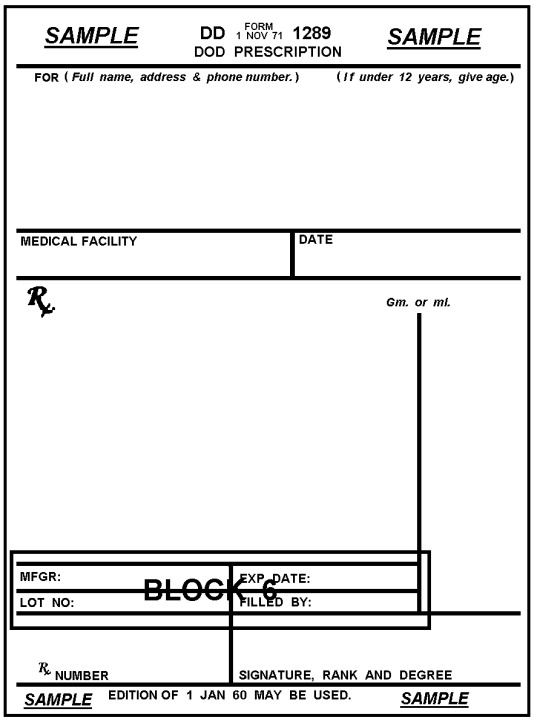
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The signa of prescription 1043 is as follows: _____.

****

The signa of prescription 1043 is as follows: 1 tsp. TID. (This means "Take 1 teaspoonful by mouth 3 times daily.")

****



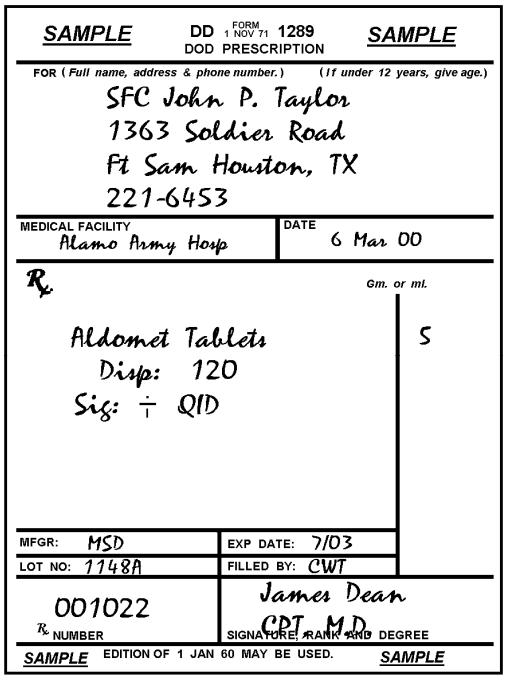
Block 6 contains the quality control information for the prescription. Block 6 provides a place for the drug's manufacturer, lot number, and expiration date to be recorded. Also, it provides a place for the initials of the person who filled the prescription. AR 40-2 requires that the initials of the person who filled the prescription be written on the form. However, if a drug recall policy is in effect in the pharmacy, the drug's manufacturer, lot number, and expiration date need not be written on the prescription form.

****

Question: In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the _____.

Answer: In addition to completely identifying the manufacturer, lot number, and expiration date of the drug dispensed, Block 6 contains the initials of the person who filled the prescription.

****



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

℞ NUMBER: 001022
SIGNATURE, RANK AND DEGREE: James Dean CPT MD

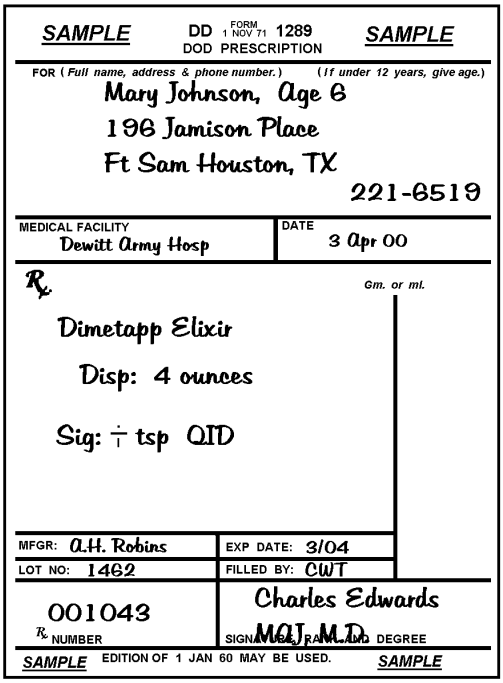
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by _____. It was lot number_____, which expires _____. The initials of the person who filled it are _____.

****

Prescription 1022 was for Aldomet, 0.5 gram, which was manufactured by MSD. It was lot number 1148 A, which expires 7/03. The initials of the person who filled it are CWT.

****



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

℞ NUMBER: 001043
SIGNATURE, RANK AND DEGREE: Charles Edwards MAJ MD

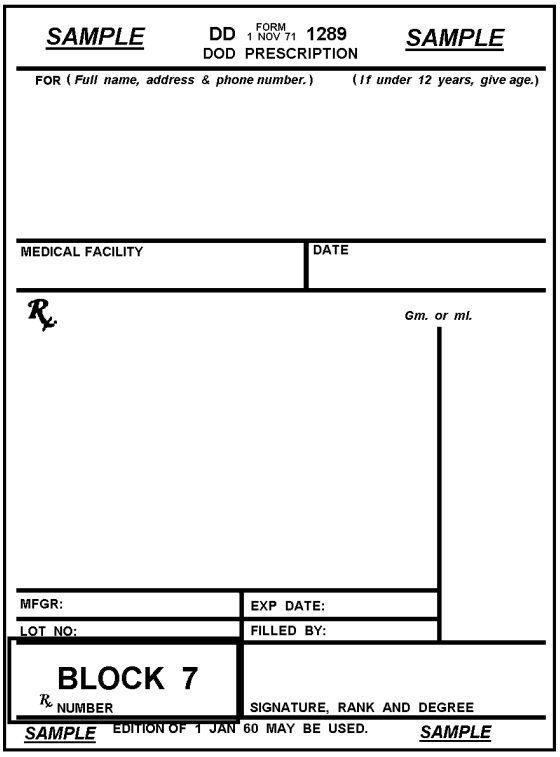
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1043 was for Dimetapp Elixir, which was manufactured by _____. It was lot number _____, which expires _____. The initials of the person who filled it are _____.

****

Prescription 1043 was for Dimetapp Elixir, which was manufactured by AH Robins. It was lot number 1462, which expires 3/04. The initials of the person who filled it are CWT.

****



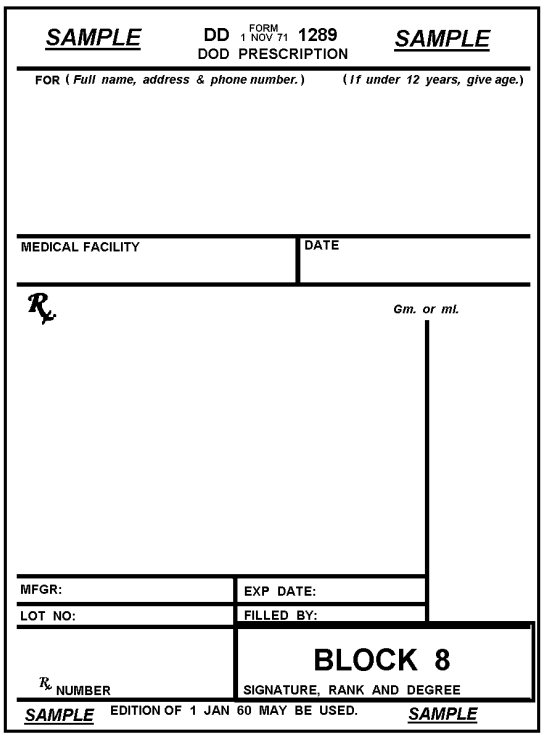
Prior to filling, prescriptions will be numbered serially. Block 7 contains the prescription number.

****

Question: Prior to filling, prescriptions will be _____.

Answer: Prior to filling, prescriptions will be numbered serially.

****



The last part of the prescription, Block 8, identifies the prescriber. It contains the signature, in ink, of the person who wrote the prescription. If the prescription is for a controlled substance such as a narcotic, the prescriber's signature, branch of service, social security number, and name (stamped, typed, or hand printed) must appear in this block on the prescription form.

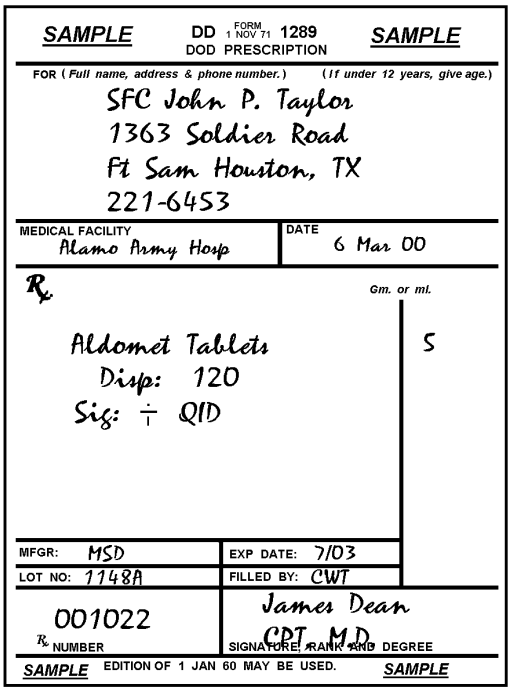
NOTE: Prescriptions written by nurse clinicians, graduate physician assistants, AMOSISTS, and physical therapists must have the following statement written on the form: "TO BE FILLED ONLY AT (name of local medical treatment facility) PHARMACY." Subcourse 810, Outpatient Dispensing, will discuss this point in detail.

****

Question: Block 8 identifies the _____.

Answer: Block 8 identifies the prescriber.

****



SAMPLE — DD FORM 1 NOV 71 1289 — DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC John P. Taylor
1363 Soldier Road
Ft Sam Houston, TX
221-6453

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Mar 00

℞ Gm. or ml.

Aldomet Tablets — 5
Disp: 120
Sig: ÷ QID

MFGR: MSD
EXP DATE: 7/03
LOT NO: 1148A
FILLED BY: CWT

℞ NUMBER: 001022
SIGNATURE, RANK AND DEGREE: James Dean CPT, M.D.

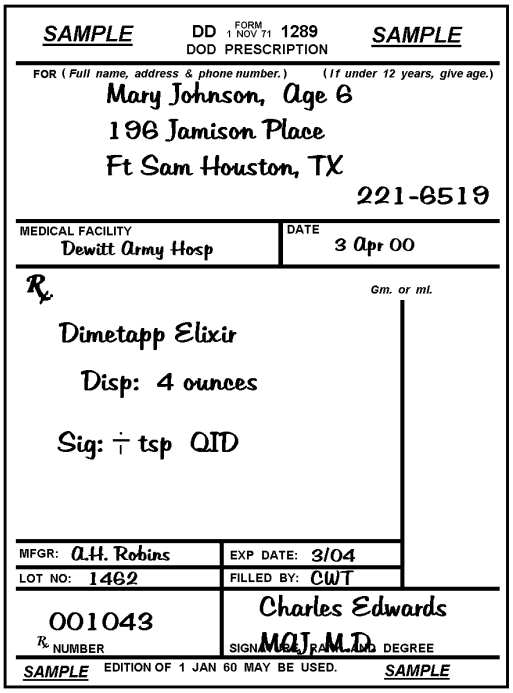
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Prescription 1022 was written by _____.

****

Prescription 1022 was written by James Dean, CPT, MD.

****



SAMPLE — DD FORM 1 NOV 71 1289 — DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mary Johnson, Age 6
196 Jamison Place
Ft Sam Houston, TX
221-6519

MEDICAL FACILITY: Dewitt Army Hosp
DATE: 3 Apr 00

℞ Gm. or ml.

Dimetapp Elixir
Disp: 4 ounces
Sig: ÷ tsp QID

MFGR: A.H. Robins
EXP DATE: 3/04
LOT NO: 1462
FILLED BY: CWT

℞ NUMBER: 001043
SIGNATURE, RANK AND DEGREE: Charles Edwards MAJ, M.D.

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

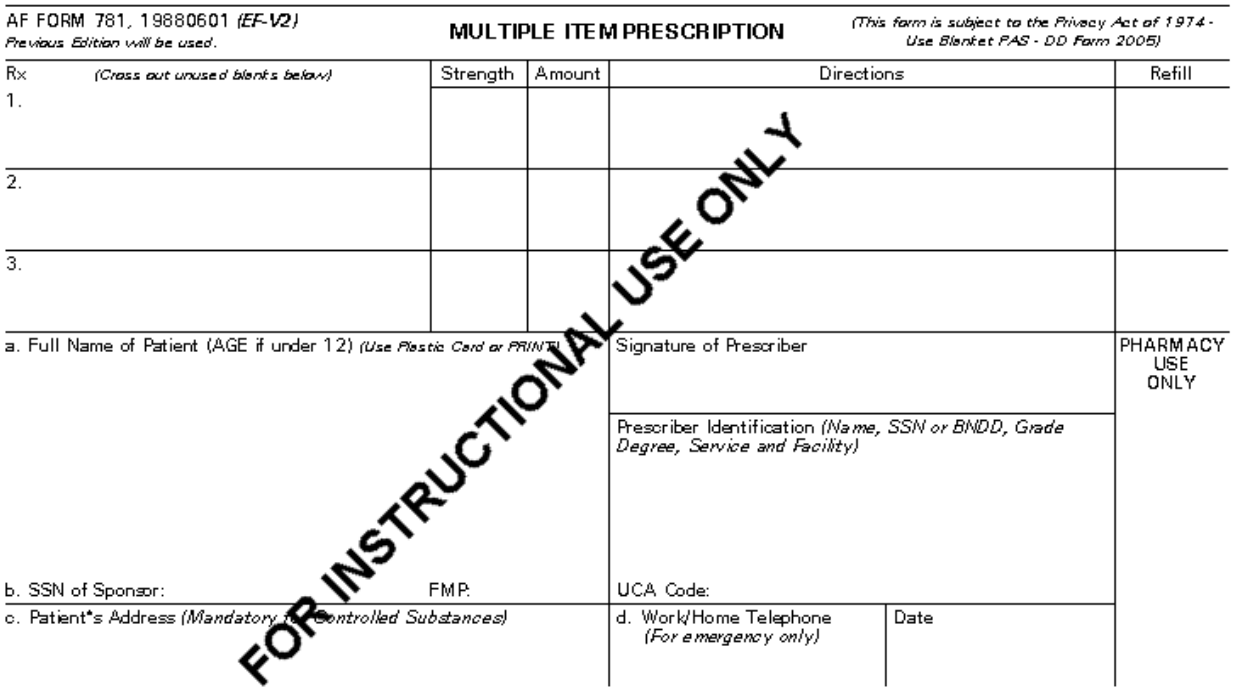
Prescription 1043 was written by _____.

****

Prescription 1043 was written by Charles Edwards, MAJ, MD.

****

The Multiple-Item Prescription Form (AF Form 781).



AF FORM 781, 19880601 *(EF-V2)*
Previous Edition will be used.

MULTIPLE ITEM PRESCRIPTION

(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)

Rx *(Cross out unused blanks below)*	Strength	Amount	Directions	Refill
1.				
2.				
3.				

a. Full Name of Patient (AGE if under 12) *(Use Plastic Card or PRINT)*

Signature of Prescriber

PHARMACY USE ONLY

Prescriber Identification *(Name, SSN or BNDD, Grade Degree, Service and Facility)*

b. SSN of Sponsor: FMP: UCA Code:

c. Patient's Address *(Mandatory for Controlled Substances)*

d. Work/Home Telephone *(For emergency only)* Date

FOR INSTRUCTIONAL USE ONLY

The AF Form 781 (Multiple-Item Prescription Form) is the approved form for use when the physician desires to prescribe more than one drug. Although the form is convenient to use in some cases, you should remember that a prescriber cannot write for a controlled substance and a non-controlled legend drug on the same prescription form. MD0810, Outpatient Dispensing, discusses this form's use.

Question: The multiple-item prescription form approved for use in Army medical treatment facilities is _____.

Answer: AF Form 781 (Multiple-Item Prescription Form).

Section II. COMMON LATIN TERMS AND ABBREVIATIONS

Term or Abbreviation	Meaning
$\overline{aa}$	of each
a	before
a.c.	before meals
ad lib.	freely, at pleasure
Aq. Dest.	purified water
Bis	twice
b.i.d.	two times a day

****

Questions:

$\overline{aa}$ means _____

a.c. means _____

ad lib. means _____

b.i.d. means _____

****

Answers:

$\overline{aa}$ means of each

a.c. means before meals

ad lib. means freely, at pleasure

b.i.d. means two times a day

Term or Abbreviation	Meaning
c̄	with
cap	capsule
d.t.d.	give of such doses
disp.	dispense
divid.	divide
et	and
ft.	make, let it be made

****

Questions:

cap means _____

c̄ means _____

d.t.d. means _____

et means _____

****

Answers:

cap means capsule

c̄ means with

d.t.d. means give of such doses

et means and

Term or Abbreviation	Meaning
ft. ung.	make an ointment
filt.	filter
gm	gram (1000 millligrams [mg])
gr.	grain
gtt	drop
h. (hor.)	hour
h.s. (hor. som.)	at bedtime, at the hour of sleep
inj.	injection
inter.	between
L	liter (1000 milliliters [ml])
lotio	lotion

****

Questions:

ft. ung. means _____

gr. means _____

gtt means _____

h.s. (hor. som.) means _____

inj. means _____

****

Answers:

ft. ung. means make an ointment

gr. means grain

gtt means drop

h.s. (hor. som.) means at bedtime, at the hour of sleep

inj. means injection

Term or Abbreviation	Meaning
M.	mix
m. dict	as directed
N.R. (non rep.)	do not repeat, no refill
no.	number
0.	a pint

****

Questions:

M. means _____

m. dict. means _____

N.R. (non rep.) means _____

****

Answers:

M. means mix

m. dict. means as directed

N.R. (non rep.) means do not repeat, no refill

Term or Abbreviation	Meaning
O.D.	right eye
O.L.	left eye
O.S.	left eye
O.U.	both eyes
oz	ounce (30 ml)
p.c. (post cib.)	after meals
per	through, by means of
p.o. (per os)	by mouth
p.r.n.	if needed, as needed
placebo	I will satisfy, nontherapeutic substitute

****

Questions:

O.D. means _____

O.S. means _____

O.U. means _____

p.c. means _____

p.o. means _____

p.r.n. means _____

****

Answers:

O.D. means right eye

O.S. means left eye

O.U. means both eyes

p.c. means after meals

p.o. means by mouth

p.r.n. means if needed, as needed

Term or Abbreviation	Meaning
q.	each, every
q.d.	every day, daily
q.o.d.	every other day
q.i.d.	four times a day
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
R_x	recipe, take thou
$\bar{s}$	without
sig.	write, label

****

Questions:

q. means _____

q.d. means _____

q.o.d. means _____

q.i.d. means _____

q.s. means _____

q.s.ad means _____

$\bar{s}$ means _____

****

Answers:

q. means every

q.d. means every day, daily

q.o.d. means every other day

q.i.d. means four times a day

q.s. means a sufficient quantity

q.s. ad means a sufficient quantity up to

$\bar{s}$ means without

Term or Abbreviation	Meaning
sl	sublingual (beneath/under the tongue)
ss	one half
S.V.R.	alcohol (95% ethyl alcohol)
S.V.T.	diluted alcohol
stat	immediately, now
t.	three
tab	tablet
t.i.d.	three times a day
tsp	teaspoon
ung.	ointment
ut dict. (u.d.)	as directed

****

Questions:

ss means _____

stat means _____

t.i.d. means _____

ung. means _____

ut dict. (u.d.) means _____

****

Answers:

ss means one half

stat means immediately, now

t.i.d. means three times daily

ung. means ointment

ut dict. (u.d.) means as directed

CHECK-UP QUESTIONS

Term or Abbreviation	Meaning
$\overline{\overline{aa}}$	_____
ad lib	_____
b.i.d.	_____
$\overline{c}$	_____
et	_____
gr	_____
gtt	_____
h.s.	_____
N.R. (non rep.)	_____
O.D.	_____
O.S.	_____
O.U.	_____
p.c.	_____
p.o.	_____
p.r.n.	_____
q.s.	_____
q.s.ad	_____
q.i.d.	_____
q.o.d.	_____
$\overline{s}$	_____
ss	_____
t.i.d.	_____
ut dict. (u.d.)	_____

Solutions to Check-up Questions

Term or Abbreviation	Meaning
$\overline{\overline{aa}}$	of each
ad lib.	freely, at pleasure
b.i.d.	two times a day
$\overline{c}$	with
et	and
gr.	grain
gtt	drop
h.s.	at bedtime, at the hour of sleep
N.R. (non rep.)	do not repeat, no refill
O.D.	right eye
O.S.	left eye
O.U.	both eyes
p.c.	after meals
p.o.	by mouth
p.r.n.	if needed, as needed
q.s.	a sufficient quantity
q.s.ad	a sufficient quantity up to
q.i.d.	four times a day
q.o.d.	every other day
$\overline{s}$	without
ss	one half
t.i.d.	three times a day
ut dict. (u.d.)	as directed

Exact translation of Latin terms and abbreviations is mandatory. However, to make directions completely clear to the patient, appropriate action verbs (e.g., take, apply, instill, etc.) must be included. The list of dosage forms and associated action verbs below will assist you in formulating clear, concise instructions to the patient.

Dosage Form	Appropriate Action Verb
tablet	take
tablet (vaginal)	insert
capsule	take
solution (internal)	take
solution (external)	apply
ointment	apply
ointment (vaginal)	insert
cream	apply
cream (vaginal)	insert
lotion	apply
suspension (internal)	take
suspension (external)	apply
suppository	insert
emulsion (internal)	take
emulsion (external)	apply
elixir	take
eye, ear or nose preparations	instill or place

****

A signa for a tablet preparation, when properly translated for a patient, should begin _____.

A signa for an external suspension, when properly translated for a patient, should begin _____.

A signa for a suppository, when properly translated for a patient, should begin _____.

A signa for a tablet preparation, when properly translated for a patient, should begin take.

A signa for an external suspension, when properly translated for a patient, should begin apply.

A signa for a suppository, when properly translated for a patient, should begin insert.

Sometimes numbers are written as Roman numerals. Some are given below.

i (one)
ii (two)
iii (three)
iv (four)
v (five)
vi (six)
vii (seven)
viii (eight)
ix (nine)
x (ten)
xi (eleven)
xii (twelve)

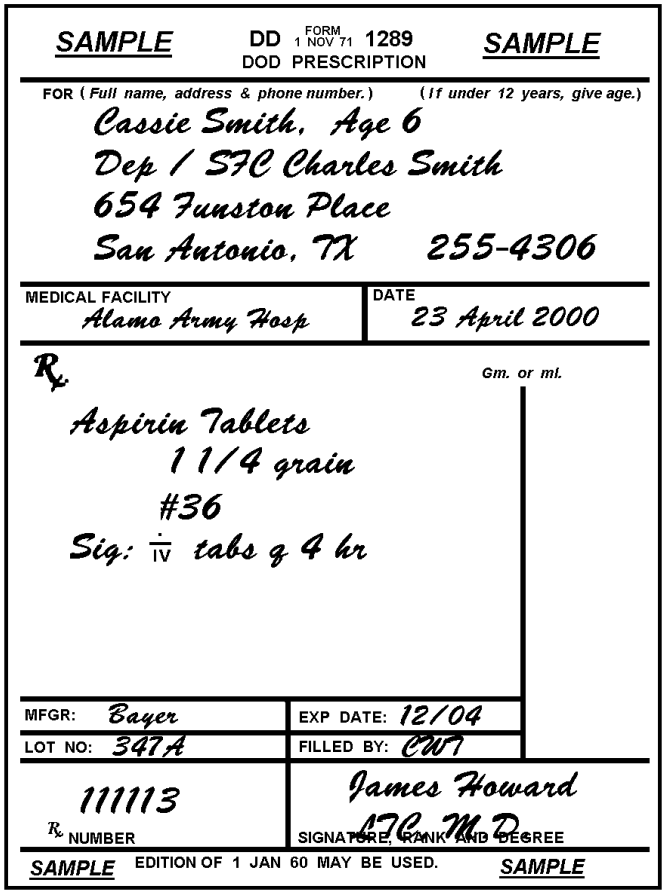
XL (forty)
L (fifty)
C (one hundred)

Continue with Exercises

Return to Table of Contents

EXERCISES, LESSON 1

NOTE: This series of exercises will take the form of a programmed text. The solution to the exercise directly follows.



SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Cassie Smith, Age 6
Dep / SFC Charles Smith
654 Funston Place
San Antonio, TX 255-4306

MEDICAL FACILITY: Alamo Army Hosp

DATE: 23 April 2000

℞

Gm. or ml.

Aspirin Tablets
1 1/4 grain
#36
Sig: $\frac{\cdot}{IV}$ tabs q 4 hr

MFGR: Bayer

EXP DATE: 12/04

LOT NO: 347A

FILLED BY: CWT

111113
℞ NUMBER

James Howard
ATC, M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Is this prescription for an adult? _____ How do you know? _____

_____

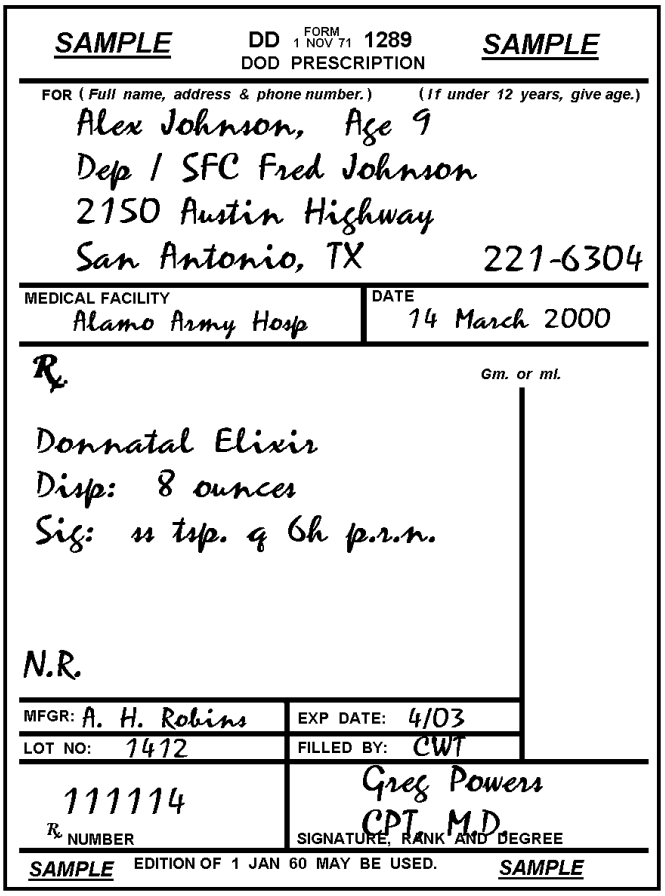
This signa is best translated to read: _____

_____

Prescription 111113

Is this prescription for an adult? No. How do you know? The prescriber specified the patient's age in the patient identification section.

This signa is best translated to read: Take 4 tablets by mouth every 4 hours.



SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Alex Johnson, Age 9
Dep / SFC Fred Johnson
2150 Austin Highway
San Antonio, TX 221-6304

MEDICAL FACILITY: Alamo Army Hosp

DATE: 14 March 2000

℞

Gm. or ml.

Donnatal Elixir
Disp: 8 ounces
Sig: ss tsp. q 6h p.r.n.

N.R.

MFGR: A. H. Robins
LOT NO: 1412
EXP DATE: 4/03
FILLED BY: CWT

111114
℞ NUMBER

Greg Powers
CPT, M.D.
SIGNATURE, RANK AND DEGREE

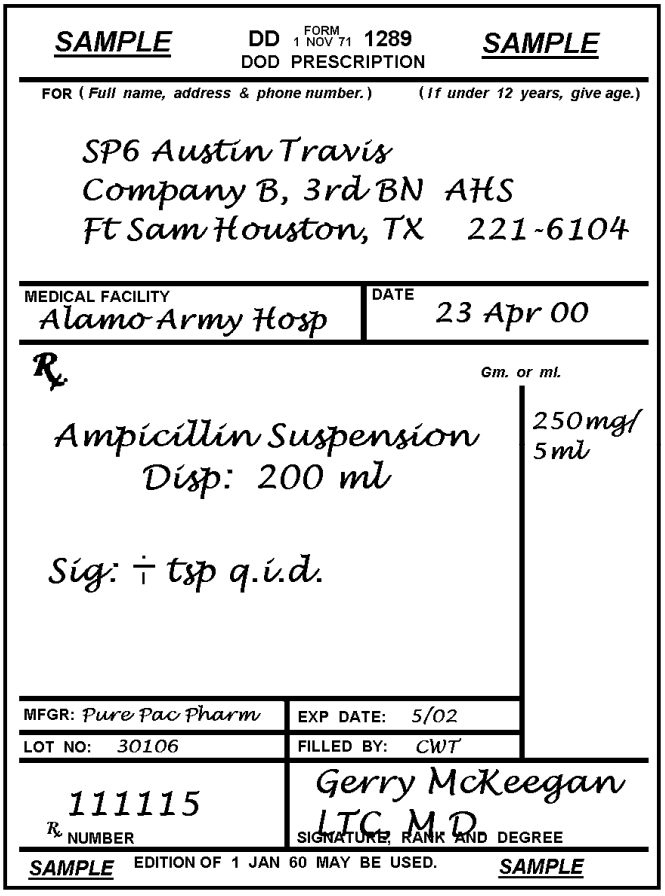
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111114

This signa is best translated to read: Take one-half teaspoonful by mouth every 6 hours as needed.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SP6 Austin Travis
Company B, 3rd BN AHS
Ft Sam Houston, TX 221-6104

MEDICAL FACILITY: Alamo Army Hosp

DATE: 23 Apr 00

℞

Gm. or ml.

Ampicillin Suspension
Disp: 200 ml

250mg/5ml

Sig: ½ tsp q.i.d.

MFGR: Pure Pac Pharm

EXP DATE: 5/02

LOT NO: 30106

FILLED BY: CWT

111115
℞ NUMBER

Gerry McKeegan
LTC, M.D.
SIGNATURE, RANK AND DEGREE

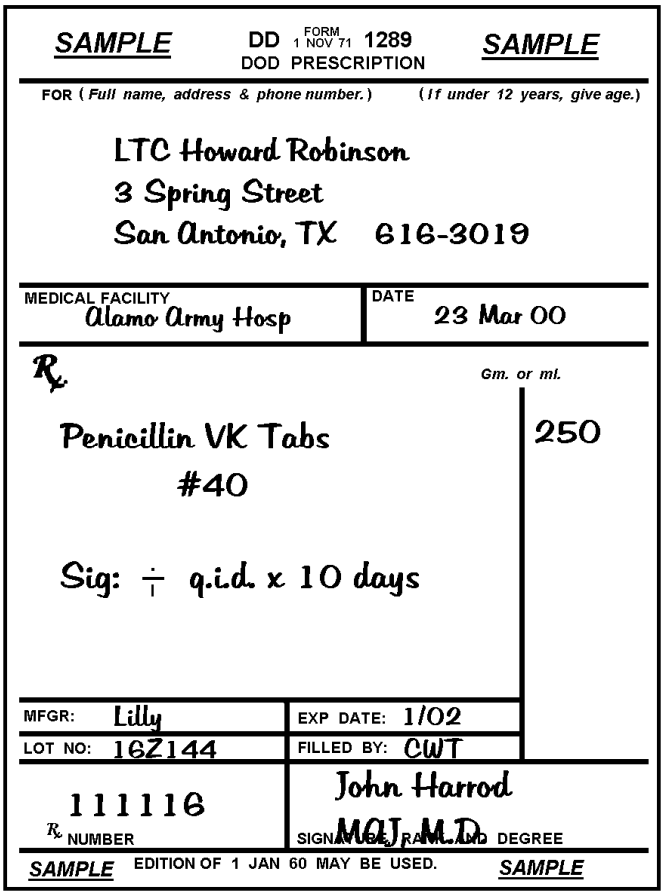
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111115

This signa is best translated to read: Take 1 teaspoonful by mouth 4 times daily.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

LTC Howard Robinson
3 Spring Street
San Antonio, TX 616-3019

MEDICAL FACILITY: Alamo Army Hosp
DATE: 23 Mar 00

℞ Gm. or ml.

Penicillin VK Tabs 250
#40

Sig: ÷ q.i.d. x 10 days

MFGR: Lilly
EXP DATE: 1/02
LOT NO: 16Z144
FILLED BY: CWT

111116
℞ NUMBER

John Harrod
MAJ M.D.
SIGNATURE, RANK, AND DEGREE

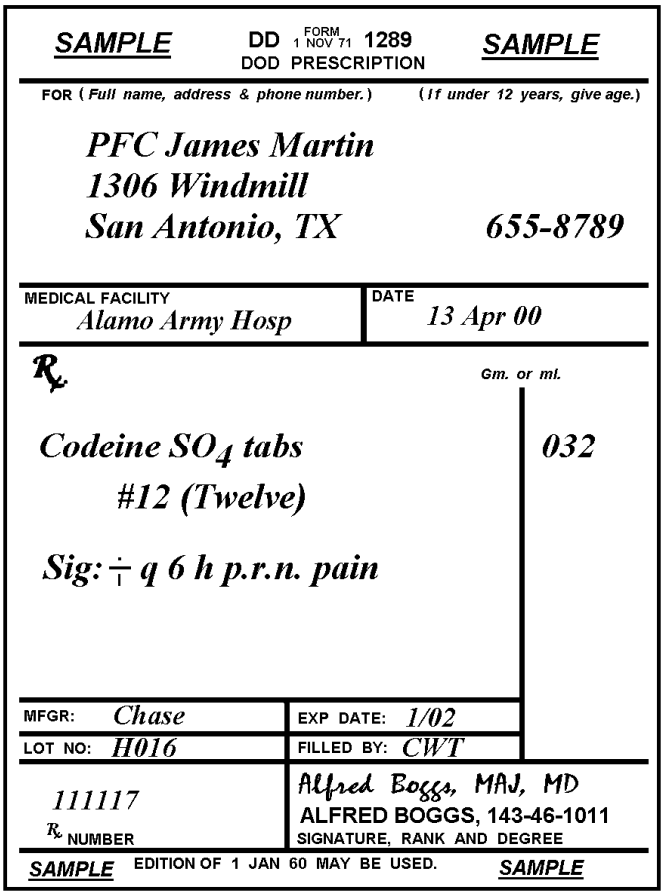
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111116

This signa is best translated to read: Take 1 tablet by mouth 4 times daily for ten days.



SAMPLE — DD FORM 1 NOV 71 1289 DOD PRESCRIPTION — SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

PFC James Martin
1306 Windmill
San Antonio, TX 655-8789

MEDICAL FACILITY: Alamo Army Hosp
DATE: 13 Apr 00

℞

Gm. or ml.

Codeine SO_4 tabs
#12 (Twelve)
032

Sig: 1 tab q 6 h p.r.n. pain

MFGR: Chase
LOT NO: H016
EXP DATE: 1/02
FILLED BY: CWT

111117
℞ NUMBER

Alfred Boggs, MAJ, MD
ALFRED BOGGS, 143-46-1011
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

Codeine SO_4 (codeine sulfate) is a controlled substance. Has the prescriber been identified properly? _____ Explain your answer.

_____

_____

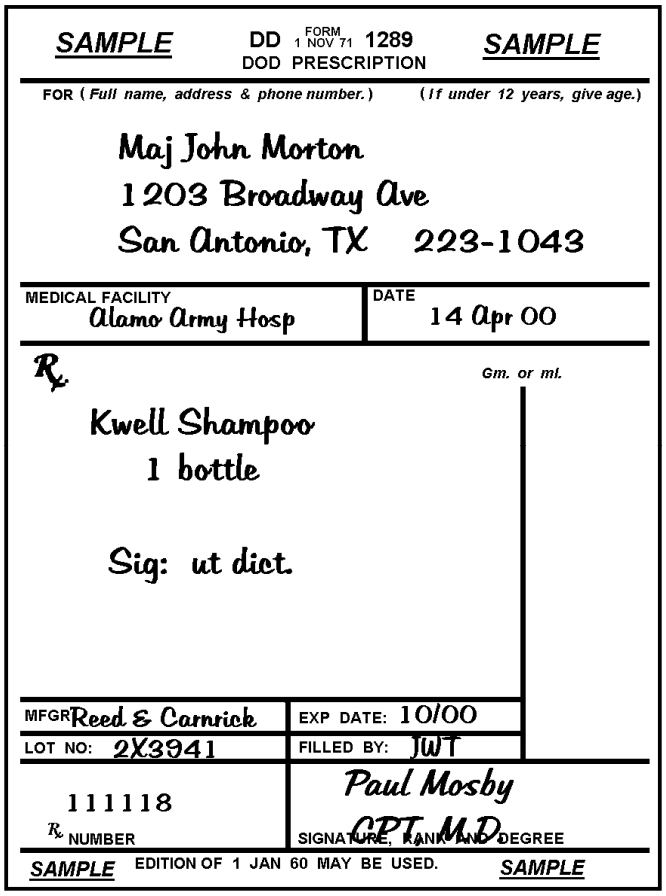
This signa is best translated to read: _____

_____

Prescription 111117

Codeine SO_4 is a controlled substance. Has the prescriber been identified properly? Yes. Explain your answer. In addition to signature and branch of service, the physician's printed name and Social Security Account Number on the prescription.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours as needed for pain.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Maj John Morton
1203 Broadway Ave
San Antonio, TX 223-1043

MEDICAL FACILITY: Alamo Army Hosp
DATE: 14 Apr 00

℞ Gm. or ml.

Kwell Shampoo
1 bottle

Sig: ut dict.

MFGR Reed & Carnrick
EXP DATE: 10/00
LOT NO: 2X3941
FILLED BY: JWT

111118
℞ NUMBER

Paul Mosby
CPT, MD
SIGNATURE, RANK AND DEGREE

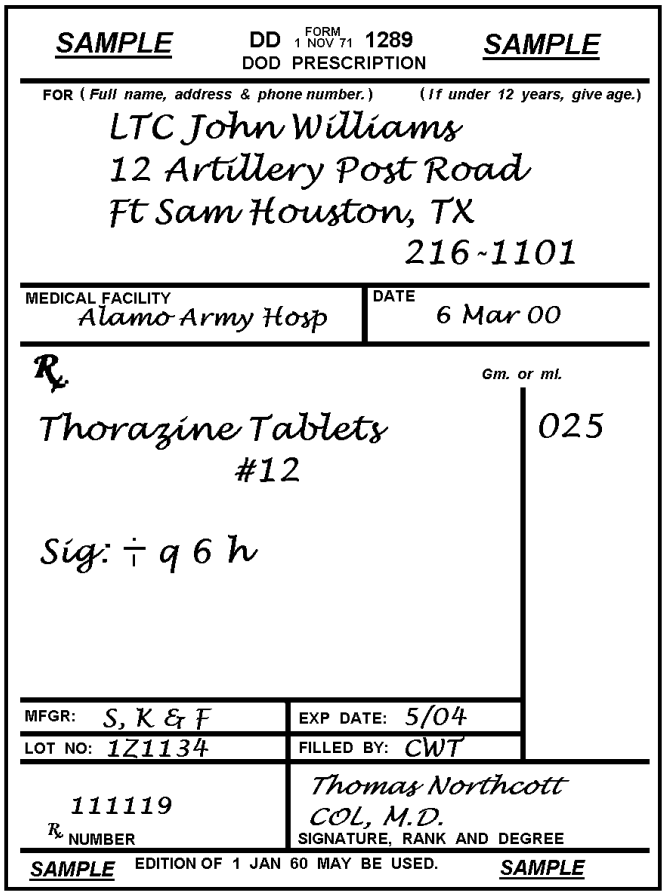
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111118

This signa is best translated to read: Use as directed.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

LTC John Williams
12 Artillery Post Road
Ft Sam Houston, TX
216-1101

MEDICAL FACILITY: Alamo Army Hosp

DATE: 6 Mar 00

℞

Gm. or ml.

Thorazine Tablets
#12

025

Sig: ÷ q 6 h

MFGR: S, K & F

EXP DATE: 5/04

LOT NO: 1Z1134

FILLED BY: CWT

111119
℞ NUMBER

Thomas Northcott
COL, M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The strength of the Thorazine tablets is: _____.

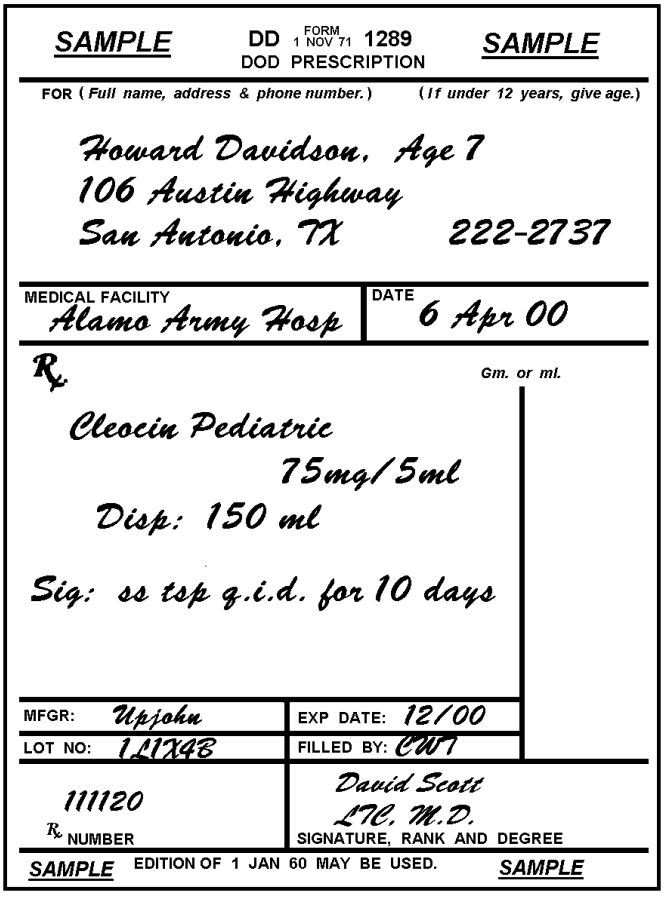
This signa is best translated to read: _____

_____

Prescription 111119

The strength of the Thorazine tablets is 0.025 gram.

This signa is best translated to read: Take 1 tablet by mouth every 6 hours.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Howard Davidson, Age 7
106 Austin Highway
San Antonio, TX 222-2737

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 Apr 00

℞ Gm. or ml.

Cleocin Pediatric
75mg/5ml
Disp: 150 ml

Sig: ss tsp q.i.d. for 10 days

MFGR: Upjohn
EXP DATE: 12/00
LOT NO: 1A1X4B
FILLED BY: CWT

111120
℞ NUMBER

David Scott
LTC, M.D.
SIGNATURE, RANK AND DEGREE

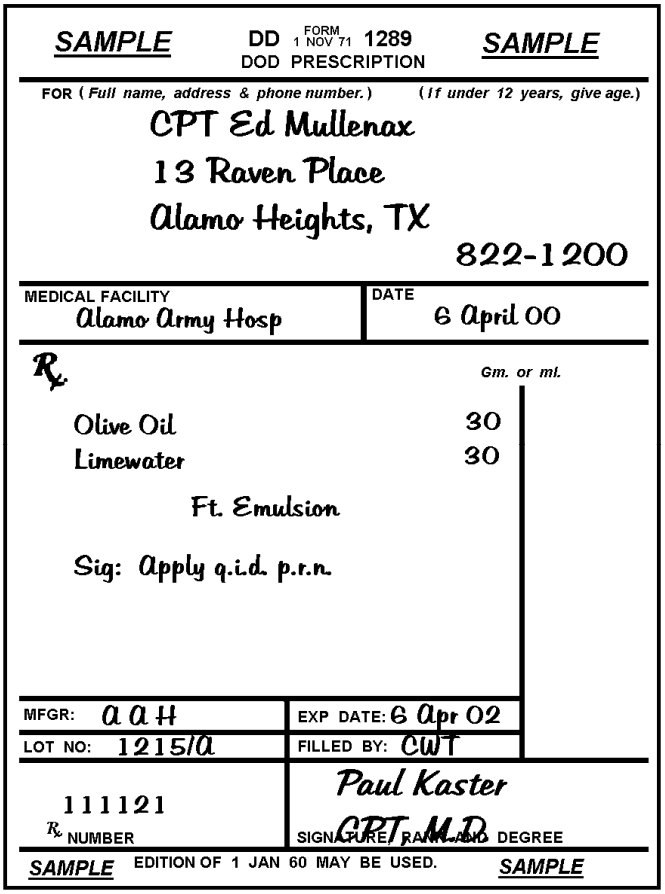
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111120

This signa is best translated to read: Take one-half teaspoonful by mouth 4 times daily for ten days.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

CPT Ed Mullenax
13 Raven Place
Alamo Heights, TX
822-1200

MEDICAL FACILITY: Alamo Army Hosp
DATE: 6 April 00

℞ Gm. or ml.

Olive Oil 30
Limewater 30

Ft. Emulsion

Sig: Apply q.i.d. p.r.n.

MFGR: a a H
EXP DATE: 6 Apr 02
LOT NO: 1215/a
FILLED BY: CWT

111121
℞ NUMBER

Paul Kaster
CPT M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The subscription of this prescription tells you to: _____

_____

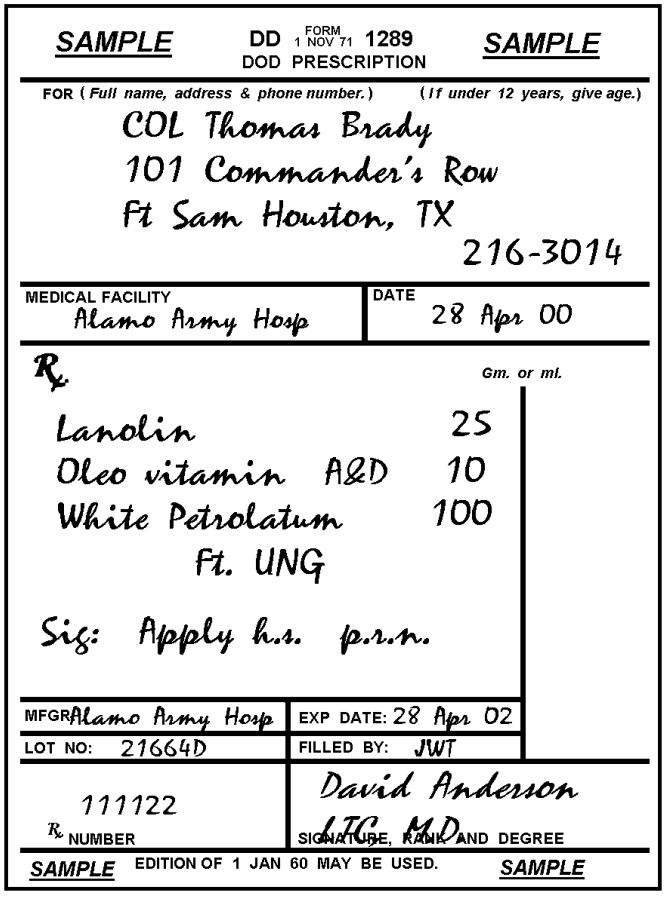
This signa is best translated to read: _____

_____

Prescription 111121

The subscription of this prescription tells you to: make an emulsion.

This signa is best translated to read: Apply 4 times daily as needed.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

COL Thomas Brady
101 Commander's Row
Ft Sam Houston, TX
216-3014

MEDICAL FACILITY: Alamo Army Hosp
DATE: 28 Apr 00

℞ Gm. or ml.

Lanolin 25
Oleo vitamin A&D 10
White Petrolatum 100
Ft. UNG

Sig: Apply h.s. p.r.n.

MFGR Alamo Army Hosp
EXP DATE: 28 Apr 02
LOT NO: 21664D
FILLED BY: JWT

111122
℞ NUMBER

David Anderson
LTC, MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The subscription of this prescription tells you to: _____

_____

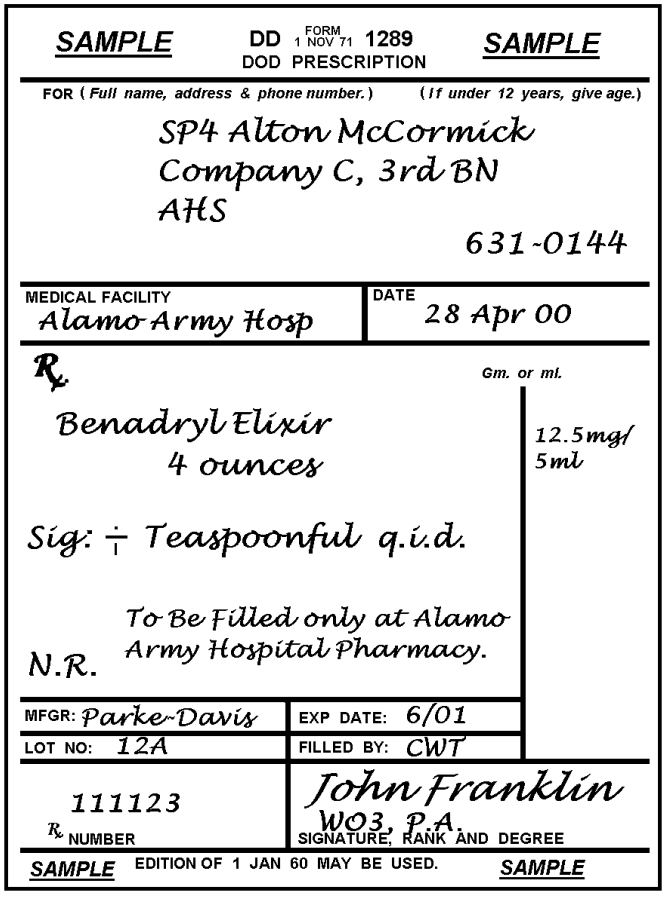
This signa is best translated to read: _____

_____

Prescription 111122

The subscription of this prescription tells you to: Make an ointment.

This signa is best translated to read: Apply at bedtime as needed.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SP4 Alton McCormick
Company C, 3rd BN
AHS
631-0144

MEDICAL FACILITY: Alamo Army Hosp
DATE: 28 Apr 00

℞

Benadryl Elixir
4 ounces

Gm. or ml.: 12.5mg/5ml

Sig: ÷ Teaspoonful q.i.d.

To Be Filled only at Alamo Army Hospital Pharmacy.

N.R.

MFGR: Parke-Davis
EXP DATE: 6/01
LOT NO: 12A
FILLED BY: CWT

111123
℞ NUMBER

John Franklin
WO3, P.A.
SIGNATURE, RANK AND DEGREE

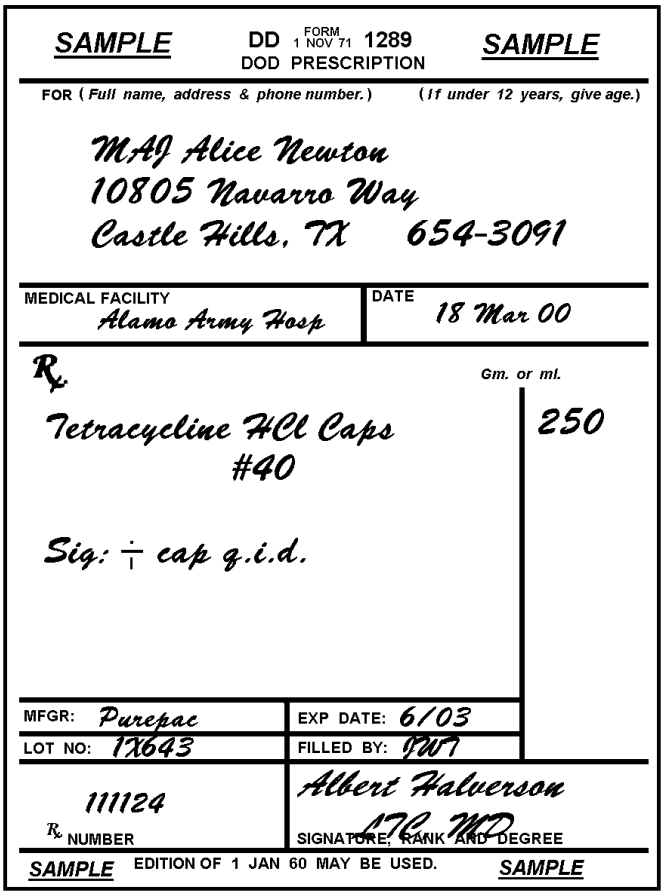
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111123

This signa is best translated to read: Take 1 teaspoonful by mouth 4 times daily.



SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

MAJ Alice Newton
10805 Navarro Way
Castle Hills, TX 654-3091

MEDICAL FACILITY: Alamo Army Hosp

DATE: 18 Mar 00

℞

Gm. or ml.

Tetracycline HCl Caps
#40

250

Sig: 1 cap q.i.d.

MFGR: Purepac

EXP DATE: 6/03

LOT NO: 1X643

FILLED BY: PWT

111124
℞ NUMBER

Albert Halverson
LTC, MD
SIGNATURE, RANK AND DEGREE

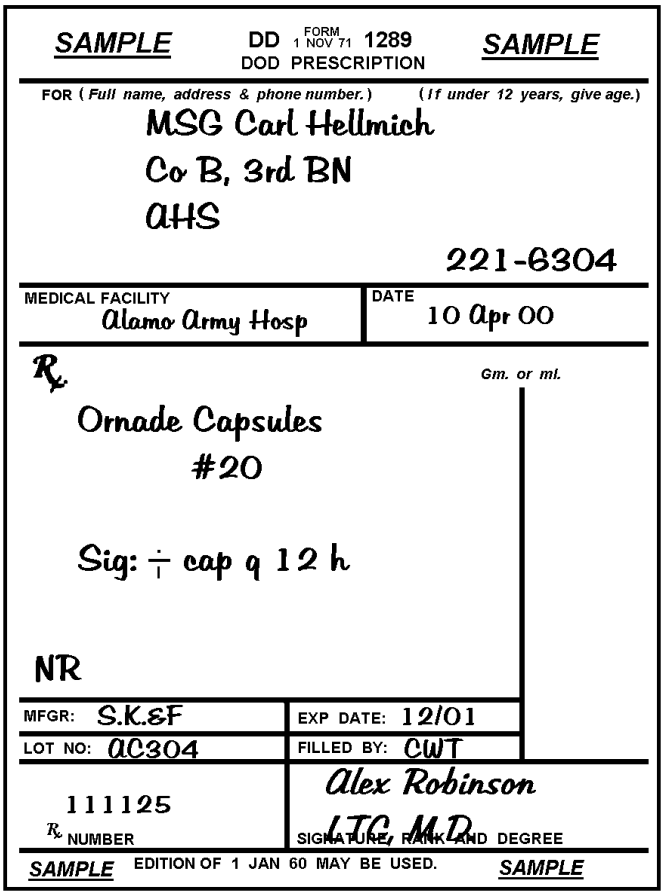
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111124

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

MSG Carl Hellmich
Co B, 3rd BN
AHS

221-6304

MEDICAL FACILITY: Alamo Army Hosp

DATE: 10 Apr 00

℞

Gm. or ml.

Ornade Capsules
#20

Sig: 1 cap q 12 h

NR

MFGR: S.K.&F

EXP DATE: 12/01

LOT NO: AC304

FILLED BY: CWT

111125
℞ NUMBER

Alex Robinson
LTC, M.D.
SIGNATURE, RANK AND DEGREE

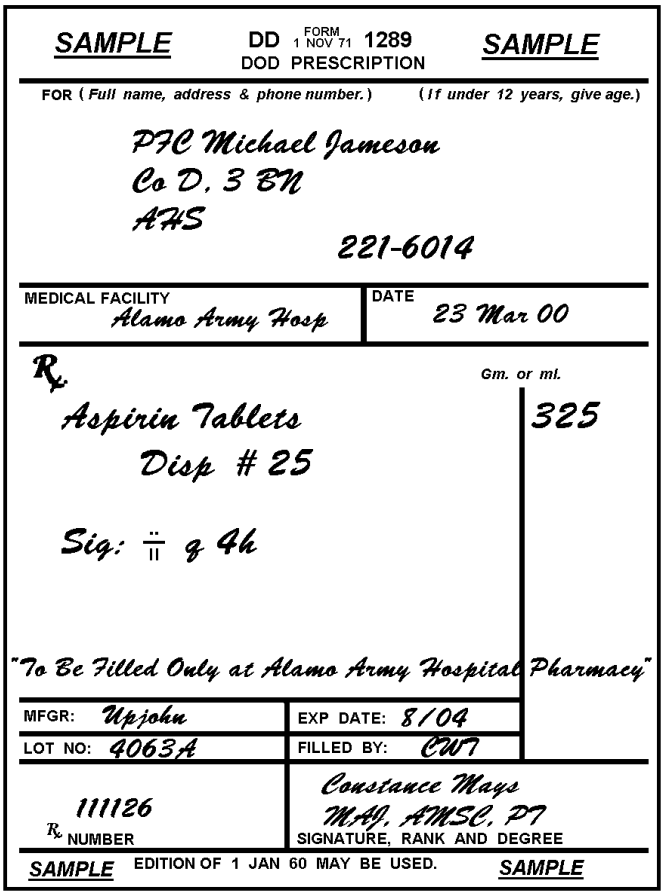
SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This signa is best translated to read: _____

_____

Prescription 111125

This signa is best translated to read: Take 1 capsule by mouth every 12 hours.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

PFC Michael Jameson
Co D, 3 BN
AHS
221-6014

MEDICAL FACILITY: Alamo Army Hosp
DATE: 23 Mar 00

℞ Gm. or ml.

Aspirin Tablets 325
Disp # 25

Sig: ii q 4h

"To Be Filled Only at Alamo Army Hospital Pharmacy"

MFGR: Upjohn
EXP DATE: 8/04
LOT NO: 4063A
FILLED BY: CWT

111126
℞ NUMBER

Constance Mays
MAJ, AMSC, PT
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The strength of the aspirin tablets dispensed is: _____.

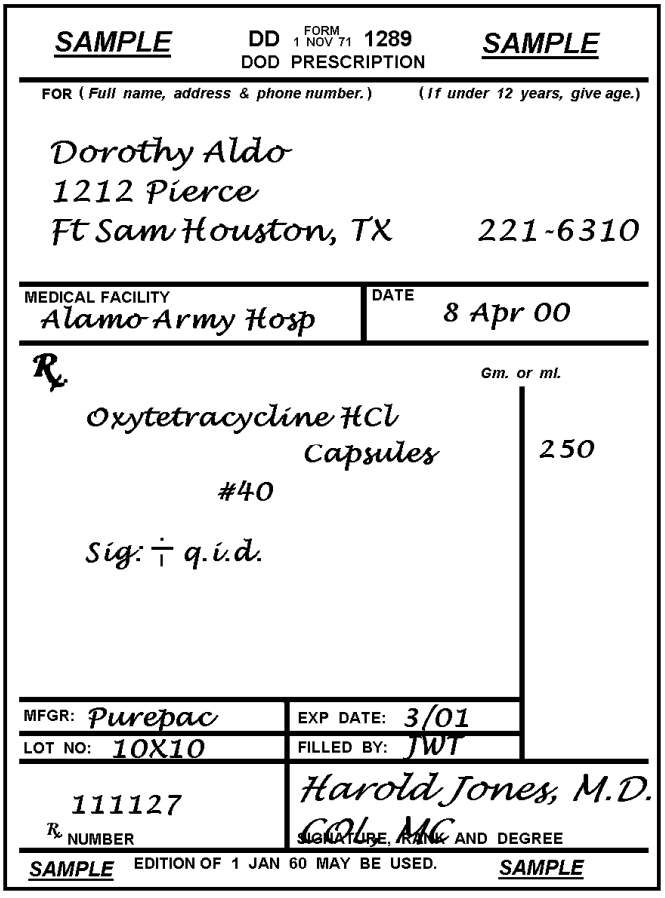
This signa is best translated to read: _____

_____

Prescription 111126

The strength of the aspirin tablets dispensed is 0.325 gram.

This signa is best translated to read: Take 2 tablets by mouth every 4 hours.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Dorothy Aldo
1212 Pierce
Ft Sam Houston, TX 221-6310

MEDICAL FACILITY: Alamo Army Hosp
DATE: 8 Apr 00

℞ Gm. or ml.

Oxytetracycline HCl Capsules 250
#40

Sig: 1 q.i.d.

MFGR: Purepac
EXP DATE: 3/01
LOT NO: 10X10
FILLED BY: JWT

111127
℞ NUMBER

Harold Jones, M.D.
COL, MC
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The oxytetracycline capsules dispensed to this patient were manufactured by

_____ and expire _____.

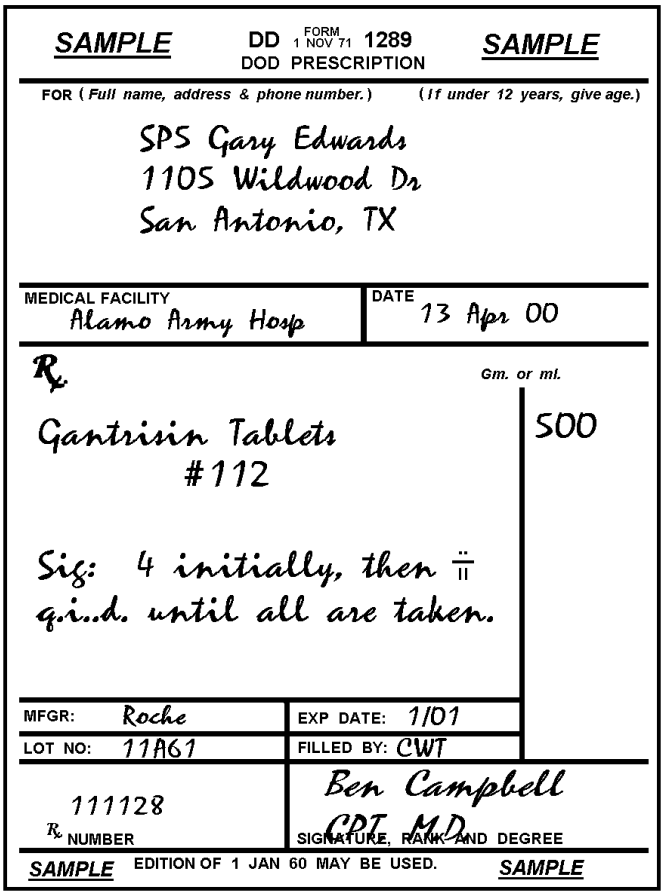
This signa is best translated to read: _____

_____

Prescription 111127

The oxytetracycline capsules dispensed to this patient were manufactured by Purepac and expire 3/01.

This signa is best translated to read: Take 1 capsule by mouth 4 times daily.



SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SPS Gary Edwards
1105 Wildwood Dr
San Antonio, TX

MEDICAL FACILITY: Alamo Army Hosp

DATE: 13 Apr 00

℞

Gm. or ml.

Gantrisin Tablets
#112

500

Sig: 4 initially, then ii
q.i..d. until all are taken.

MFGR: Roche

EXP DATE: 1/01

LOT NO: 11A61

FILLED BY: CWT

111128
℞ NUMBER

Ben Campbell
CPT MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The initials of the person who filled this prescription are _____.

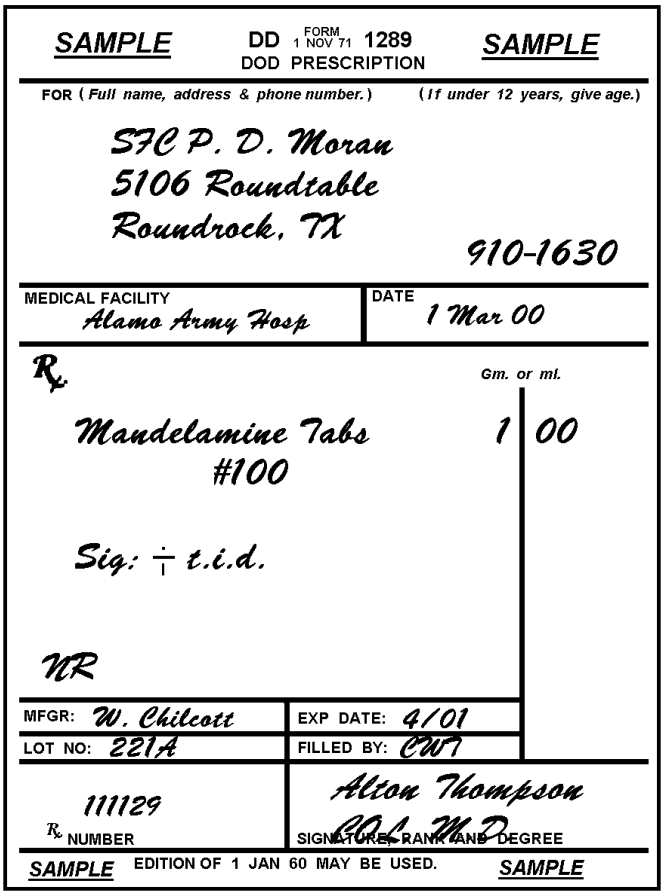
This signa is best translated to read: _____

_____

Prescription 111128

The initials of the person who filled this prescription are CWT.

This signa is best translated to read: Take 4 tablets by mouth initially, then take 2 tablets by mouth 4 times daily until all are taken.



SAMPLE

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

SFC P. D. Moran
5106 Roundtable
Roundrock, TX
910-1630

MEDICAL FACILITY: Alamo Army Hosp

DATE: 1 Mar 00

℞

Gm. or ml.

Mandelamine Tabs #100 — 1 | 00

Sig: 1 t.i.d.

NR

MFGR: W. Chilcott

EXP DATE: 4/01

LOT NO: 221A

FILLED BY: CWT

111129
℞ NUMBER

Alton Thompson
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

The strength of the Mandelamine tablets is _____.

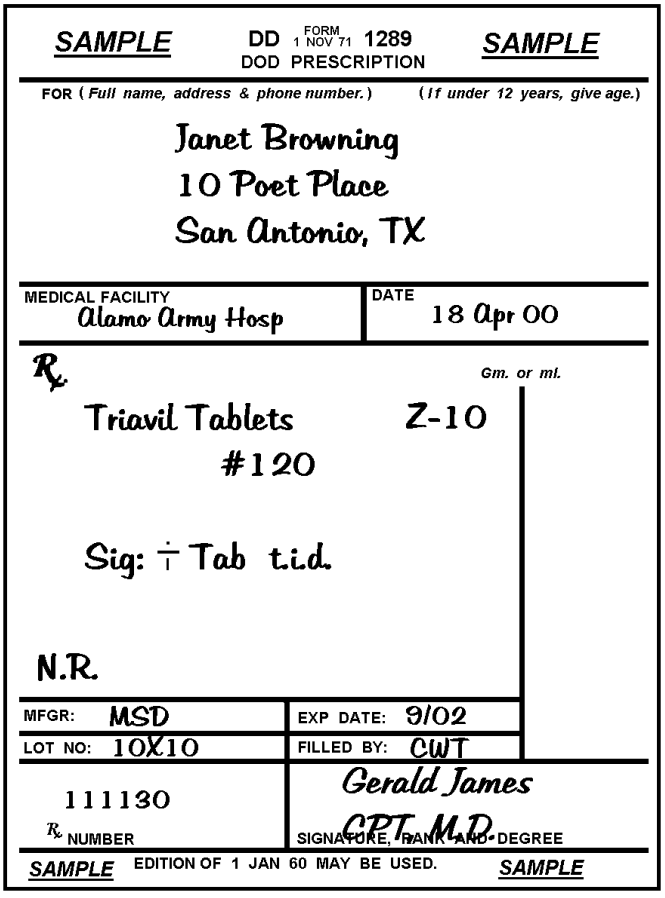
This signa is best translated to read: _____

_____

Prescription 111129

The strength of the Mandelamine tablets is 1.0 gram.

This signa is best translated to read: Take 1 tablet by mouth three times a day.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Janet Browning
10 Poet Place
San Antonio, TX

MEDICAL FACILITY: Alamo Army Hosp
DATE: 18 Apr 00

℞ Gm. or ml.

Triavil Tablets Z-10
#120

Sig: 1 Tab t.i.d.

N.R.

MFGR: MSD
EXP DATE: 9/02
LOT NO: 10X10
FILLED BY: CWT

111130
℞ NUMBER

Gerald James
CPT, M.D.
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

May this prescription be refilled? _____ Why/why not? _____

_____

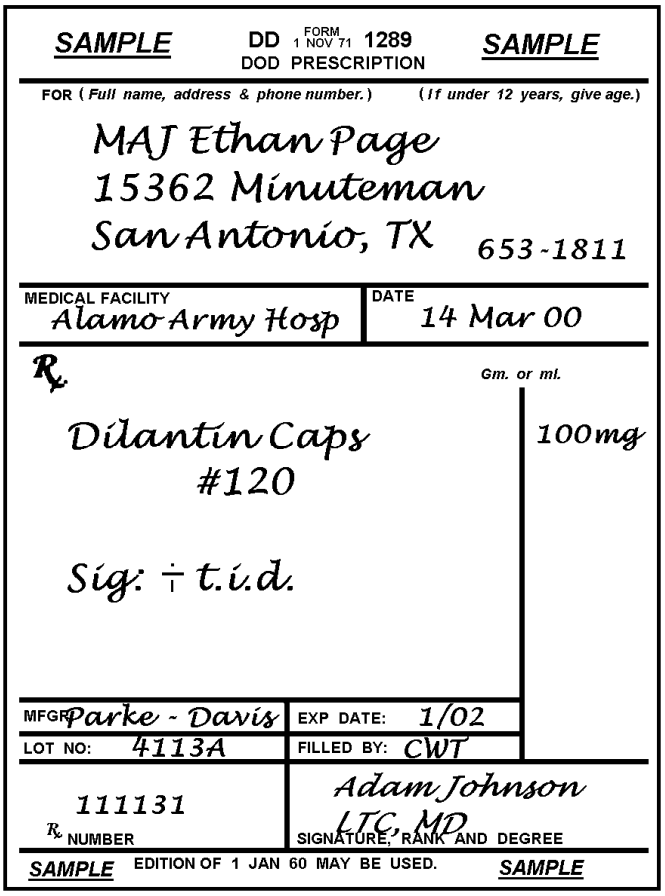
This signa is best translated to read: _____

_____

Prescription 111130

May this prescription be refilled? No. Why/why not? The prescriber indicated N.R., which means do not repeat or no refill.

This signa is best translated to read: Take 1 tablet by mouth three times day.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

MAJ Ethan Page
15362 Minuteman
San Antonio, TX 653-1811

MEDICAL FACILITY: Alamo Army Hosp
DATE: 14 Mar 00

℞

Gm. or ml.

Dilantin Caps #120 — 100mg

Sig: 1 t.i.d.

MFGR: Parke - Davis
EXP DATE: 1/02
LOT NO: 4113A
FILLED BY: CWT

111131
℞ NUMBER

Adam Johnson
LTC, MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This prescription was written at: _____.

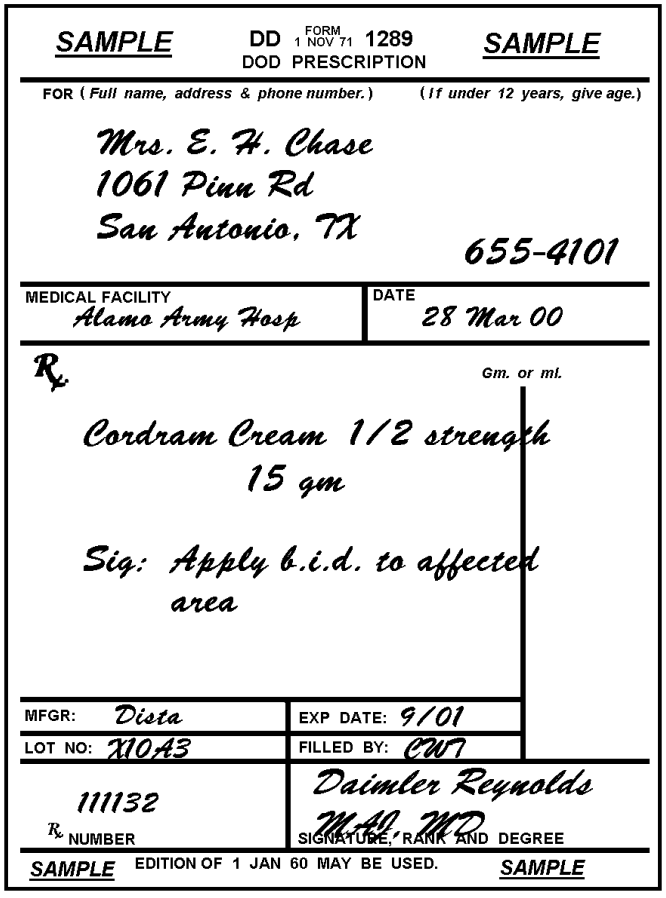
This signa is best translated to read: _____

_____

Prescription 111131

This prescription was written at Alamo Army Hospital.

This signa is best translated to read: Take 1 capsule by mouth three times daily.



SAMPLE DD FORM 1 NOV 71 1289 DOD PRESCRIPTION SAMPLE

FOR (Full name, address & phone number.) (If under 12 years, give age.)

Mrs. E. H. Chase
1061 Pinn Rd
San Antonio, TX
655-4101

MEDICAL FACILITY: Alamo Army Hosp
DATE: 28 Mar 00

℞ Gm. or ml.

Cordram Cream 1/2 strength
15 gm

Sig: Apply b.i.d. to affected area

MFGR: Dista
EXP DATE: 9/01
LOT NO: X10A3
FILLED BY: CWT

111132
℞ NUMBER

Daimler Reynolds
MAJ, MD
SIGNATURE, RANK AND DEGREE

SAMPLE EDITION OF 1 JAN 60 MAY BE USED. SAMPLE

This prescription was issued to: _____.

This signa is best translated to read: _____

_____

Prescription 111132

This prescription was issued to Mrs. E. H. Chase.

This signa is best translated to read: Apply two times a day to the affected area.

End of Lesson 1